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This Booklet is for Limited Distribution Only

FEHB
Federal Employees
Health Benefits Program

ATTENTION AETNA ENROLLEES

Aetna's **Government-wide Indemnity Benefit Plan** will not be in the FEHB Program in 1990. Read the important notice on **page 2** about filing a new enrollment.

1990 Enrollment Information Guide and Plan Comparison Chart

(1989 Open Season)

For Certain Temporary Employees

(Those Eligible to Enroll in the Federal Employees Health Benefits Program Under 5 U.S.C. 8906a)

This booklet contains information about enrollment in the Federal Employees Health Benefits Program during the Open Season that begins on November 13 and continues through December 8, 1989. It will help you select the health care protection best suited to your needs. However, before you make a final choice, you should review carefully the official brochures for those plans in which you are interested. While this booklet provides a general overview of the health benefits offered by each plan, the official brochures provide the contractual description of coverage.

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NOTICE TO AETNA ENROLLEES

The **Government-wide Indemnity Benefit Plan** (Enrollment Codes 201, 202, 204, and 205) administered by Aetna will not be in the FEHB Program in 1990. In order to continue participating in the FEHB Program, you **must** file a change of enrollment with your employing office, using Standard Form (SF) 2809. Failure to enroll in another FEHB plan during the Open Season will be considered a voluntary cancellation of your participation in the FEHB Program.

Introduction

The Federal Employees Health Benefits (FEHB) Program offers you a practical way to help meet the costs of health care. The Program provides:

- a choice of plans and options with group-rated premiums and benefits;
- payments of your premium through payroll deductions;
- immediate coverage from the date of enrollment without a medical examination or restrictions because of your age or physical condition; and
- under certain circumstances, opportunity for temporary continuation of group coverage or conversion to non group coverage if your enrollment ends or a covered family member loses eligibility for coverage.

About Open Season

Title III of the Federal Employees Health Benefits Amendments Act of 1988 (Public Law 100-654) added section 8906a to the FEHB law. Under the new section, temporary employees who have completed one year of current continuous employment, excluding any break in service of five days or less, are eligible to participate in the FEHB Program.

Each year the Office of Personnel Management reviews the benefits and premiums of the plans in the FEHB Program and negotiates adjustments in benefits and premiums to be effective the following January. Also, some new plans are accepted for participation in the Program and some plans cease to participate.

If you are eligible and not already enrolled, Open Season is an opportunity for you to enroll in a health benefits plan under the Program. If you are enrolled, Open Season is your opportunity to change your health plan coverage to become effective in January 1990.

If you are enrolled and do not wish to make a change, your current enrollment will continue without any additional action on your part. **However, you should check the Comparison Chart in this booklet to be sure that the plan and option you are currently enrolled in will be participating in the FEHB Program in 1990.**

If you want to enroll in the FEHB Program or change your current health plan enrollment during Open Season, you must file a Health Benefits Registration Form (Standard Form [SF] 2809) in time for it to be received by your employing office by December 8, 1989. Your employing office can give you the specific day in January 1990 on which your enrollment change will take effect.

NOTE: Temporary employees who acquire a year of continuous service after Open Season will have the opportunity to enroll within 31 days after becoming eligible.

Making Your Choice

The FEHB Program includes a variety of health benefits plans that take very different approaches to health care coverage.

You may choose one of the traditional fee-for-service health benefits plans. In these plans, you are free to go to virtually any doctor or hospital of your choice and have the provider either bill the plan directly or give you the bill to forward to the plan for payment of covered services. Or you may choose one of the prepaid comprehensive medical plans that operate through a group of affiliated doctors and hospitals in designated locations. In these plans, most of your covered services are prepaid by your premium and are available only from the affiliated providers. You must live in a plan's enrollment area.

In deciding which type of plan best meets your needs, you might consider the following:

- the coverage offered by each type of plan;
- the cost of each plan; and
- the accessibility of health care services.

Before you make a final decision, be sure to review the official brochures for those plans in which you are interested.

The Cost of Coverage

You must pay the TOTAL cost of your coverage. There is no Government contribution. The premium costs on the Comparison Chart in this booklet show the amount you will pay, which will be withheld from your salary, for the coverage you choose.

When comparing plans, remember that the true cost of your health care protection includes both the premiums and your out-of-pocket costs for any deductibles, coinsurance, copayments, examinations and other physician services, laboratory tests, prescription drugs, etc.

Another factor to keep in mind when comparing plans, especially fee-for-service plans, is the extent to which benefit payments are based on reasonable and customary charges. Please refer to the definitions in this booklet for an explanation of this factor and then see the brochures for the plans in which you are interested.

Who Is Covered Under Your Enrollment

- **Self only enrollment** -- A self only enrollment provides benefits just for you -- the enrolled employee.

- **Self and family enrollment** -- A self and family enrollment provides benefits for you, your spouse, and your unmarried dependent children under 22 years old. In some cases, a disabled child who is 22 years old or older is eligible for coverage if you have adequate medical certification of a mental or physical handicap that existed before his or her 22nd birthday. In such cases, you should ask your employing office about the documentation required.

  Children covered by your enrollment include your legally adopted children, recognized children born out of wedlock, and stepchildren or foster children, if they live with you in a regular parent-child relationship and you meet certain other requirements. Ask your employing office for details about these requirements. Children whose marriage ends before they reach age 22 become eligible for coverage from the date the marriage ends until they reach age 22.

  Other relatives -- your parents, for example -- are not eligible for coverage even though they live with you and are dependent upon you.

  To provide coverage for an eligible family member, you must elect a self and family enrollment.

Types of Federal Employees Health Benefits Plans Available

Two basic types of health benefits plans are available to you under the FEHB Program:

Fee-for-Service Plans -- These plans reimburse you or the health care provider for covered services. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers.

Fee-for-service plans include the Blue Cross and Blue Shield Service Benefit Plan and plans sponsored by unions and other employee organizations. The Service Benefit Plan is open to all Federal employees. Some employee organization plans are open to all Federal employees through full or associate memberships in the organizations that sponsor the plans; other employee organization plans are restricted to employees in certain occupational groups and/or agencies. (See the union and other employee organization plan brochures for information about membership and membership fees, which are **in addition** to your biweekly or monthly premiums. These membership fees are **not** part of the Federal Employees Health Benefits Program.)

Prepaid Plans -- These are the Comprehensive Medical Plans/Health Maintenance Organizations (CMP/HMOs) that provide or arrange for health care by **designated** plan physicians, hospitals, and other providers in particular locations. CMP/HMOs pay all providers through salaries or other payment arrangements. You pay any required cost-sharing amounts.

Comprehensive Medical Plans/Health Maintenance Organizations are either Group Practice Plans, Individual Practice Plans or a combination of both (called Mixed Model Plans). Group Practice Plans provide care through staff physicians practicing at one or more medical centers operated by the plans. Individual Practice Plans provide care through participating plan physicians practicing in their own offices. The plans arrange hospital and other care not available in centers and offices when necessary.

Each CMP/HMO is open to all Federal employees who live within the plan's enrollment area. Since you **cannot** enroll in a CMP/HMO if you live outside its enrollment area, contact the plan directly or refer to its brochure if you have any questions about the enrollment area.

General Information About Enrollment and Coverage

Dual Enrollment
Normally, you may not enroll or be enrolled as an employee if you are covered as a family member under someone else's enrollment in the FEHB Program. However, such dual enrollments may be permitted under certain circumstances in order to:

- Protect the interests of children who otherwise would lose coverage as family members, or
- Enable an employee who is under age 22 and covered under a parent's enrollment and becomes the parent of a child to enroll for self and family coverage.

No person (employee or family member) is entitled to receive benefits under more than one enrollment in the Program.

Temporary Continuation of Coverage
If your enrollment is terminated because you separate from service on or after January 1, 1990, you may be eligible to temporarily continue your health benefits coverage under the FEHB Program after separation. Temporary continuation of coverage is available to you if your separation is voluntary or involuntary (unless it is for gross misconduct), and you would not otherwise be eligible for continued coverage under the Program.

Your temporary coverage would continue for up to 18 months after your separation from service and you would pay the total premium plus a charge for administrative expenses of 2% of the total premium. There is no Government contribution. When your temporary continuation of coverage ended (except by cancellation or nonpayment of premiums), you would be entitled to a 31-day extension of coverage and an opportunity to convert to a nongroup health benefits contract.

In certain cases, a covered child who loses eligibility for coverage and a former spouse who is not eligible to enroll in the FEHB Program under the Spouse Equity law or similar statutes, on or after January 1, 1990, also may qualify for temporary continuation of coverage. Their temporary coverage would continue for up to 36 months after the qualifying event occurs, and they also would pay the total premium plus the 2% administrative charge. In addition, child and former spouse enrollees would be entitled to a 31-day extension of coverage and an opportunity to convert to a nongroup health benefits contract when their temporary continuation of coverage ended (except by cancellation or nonpayment of premiums).

Your employing office will notify you of your opportunity to elect temporary continuation of coverage within 61 days after your enrollment terminates because of separation from service. You will have 60 days after receiving the notice (or after separation, if later) to elect continued coverage. However, the employing office must be notified in the case of children or former spouses who are eligible to temporarily continue coverage. For a child, the enrollee must notify the employing office within 60 days after the qualifying event occurs. For a former spouse, the employee or the former spouse must notify the employing office within 60 days after the marriage ends. The employing office then will notify the child or the former spouse of his or her temporary continuation of coverage rights. If a child wants continued coverage, he or she must elect it within 60 days after receiving the notice (or after the date of the qualifying event, if later). If a former spouse wants continued coverage, he or she must make the election within 60 days after the later of :

- The date he or she receives the notice;
- The date of the qualifying event; or
- The date he or she loses coverage as an enrolled former spouse because of remarriage or loss of qualifying court order.

Important: If the employing office is not notified that a child or former spouse has lost coverage, the opportunity to elect continued coverage on a temporary basis ends 60 days after the event which caused the loss of coverage.

Cancellation of Enrollment

You may voluntarily cancel your enrollment at any time. However, once your cancellation takes effect, you may not enroll again until an event occurs that permits enrollment, *e.g.*, change in marital status or the next Open Season. In addition, neither you nor any family member covered by your enrollment will be entitled to 31-day extension of coverage or conversion to nongroup coverage.

Your employing office can give you details about the above enrollment information.

Definitions

Insurance is a fairly complex subject and the technical terms and details about benefits may be difficult to understand. The following terms, which have special meaning in the health care field, have been defined, as much as possible, in everyday English to help you understand the benefits coverage and limitations of the various plans in the Federal Employees Health Benefits Program:

Brochure -- the booklet showing the complete details of a plan's benefits, limitations (or limited benefits), exclusions, and definitions. The brochure is a plan's contractual statement of benefits.

Catastrophic Limit -- a feature of fee-for-service plans to limit the amount you would have to pay in a calendar year if you or your family incurred large and unusual medical bills. The catastrophic limit is the maximum amount of **covered** expenses you would have to pay out of your own pocket during the year for yourself and your family. There are separate catastrophic limits for medical-surgical expenses and inpatient care for mental conditions. The limits apply to your coinsurance payments and, depending on the plan, may also include the calendar year, inpatient and mental health deductibles you pay. **Please refer to the brochures for the fee-for-service plans in which you are interested.**

Coinsurance -- the fixed percentage of covered charges **you** must pay after any deductible has been subtracted. For example, if a plan that has a coinsurance feature pays 80 percent of covered charges (after applying any deductible), you would be responsible for the deductible and the 20 percent balance.

Copayment -- a fixed dollar amount you must pay for a service or benefit provided by a plan. For example, some prepaid plans (CMP/HMOs) charge a copayment of $50 or more per hospital admission or $5 or more for a doctor's visit.

Covered Charges -- the amount of your expenses for medical care that is covered by a plan. An expense that is not a covered charge cannot be used to satisfy the plan's deductible. Often a plan includes as covered charges only an amount specified in a scheduled allowance or based on a reasonable and customary profile. See the plan brochures to find out how covered charges are determined.

Covered charges do not include expenses for nonmedical items related to an illness or injury, or for specific items excluded by the plan.

Deductible -- the amount of covered charges you must incur before the plan pays benefits.

Dental Care -- coverage may include routine diagnostic and preventive services and one or more of the following treatment services: restorative, crown and bridge, endodontic, oral surgery, periodontal, prosthetic and orthodontic. Some prepaid plans (CMP/HMOs) limit coverage to preventive services for children. **Please refer to plan brochures for a definition of covered services, exclusions, and limitations.**

Enrollment Area -- the area within which a prepaid plan (CMP/HMO) enrolls members. To be eligible to enroll in a CMP/HMO, you must live within this area. The plan brochure identifies the enrollment area.

Exclusions -- charges, services, or supplies that are not covered. A plan does not provide or pay for excluded items, nor do charges for them apply towards deductibles or catastrophic limits.

Extended Care Facility -- an institution that furnishes, in lieu of hospitalization, room and board and medically prescribed skilled nursing care 24 hours a day by an organized medical staff; and is not, other than incidentally, a place for rest, the aged, drug addicts, alcoholics or domiciliary care.

Home Health Care -- medically supervised care and treatment in the home of a patient whose physician certifies that, without such care, confinement in a hospital or extended care facility would be required. Typically, care and treatment are provided in accordance with an approved home health care plan and must begin within a specified period of time after discharge from a hospital.

Home Nursing Care -- skilled care in the home provided by a registered nurse (R.N.), licensed practical nurse (L.P.N.), or licensed vocational nurse (L.V.N.). The care generally must be ordered by a physician; is usually limited to a specified number of hours per day and visits per year; and does not include homemaking services of any kind.

Hospice Care -- a coordinated program of home and/or inpatient palliative and supportive care for a terminally ill patient and the patient's family provided by a medically supervised specialized team under the direction of a licensed or certified hospice care facility or agency.

Inpatient Services -- the care provided to you while you are a bedpatient in a covered facility.

Limitations (or Limited Benefits) -- statements in the brochure showing services or supplies that are not fully covered; only partially paid for by a plan; or covered only if the service or supply provided meets certain specified criteria, *e.g.*, pre-admission testing within 72 hours of surgery.

Maternity Care -- prenatal and postnatal care and delivery by a covered hospital, physician, or other covered practitioner, including, in many cases, nurse midwives. The plan brochure will specify coverage for nurse midwives. Plans generally pay for maternity care the same as for other covered inpatient and outpatient services.

Mental Conditions/Substance Abuse -- conditions and diseases listed in the most recent edition of the International Classification of Diseases (ICD) as psychoses, neurotic disorders, and personality disorders; also other non-psychotic mental disorders listed in the ICD, as determined by the plan. **Please refer to plan brochures for a definition of covered services, exclusions, and limitations.**

Outpatient Services -- the care provided to you in the outpatient department of a hospital, in a clinic or other medical facility, or in a doctor's office.

Prescription Drugs -- outpatient drugs and medicines which, by United States law, cannot be obtained without a doctor's prescription.

Reasonable and Customary Charge -- one of two benefit maximums plans use as the amount of your medical or dental care expenses they will cover for a particular service. (The other is the Scheduled Allowance, defined below.) A Reasonable and Customary Charge is the amount a plan considers to be covered based on a profile of charges determined by the plan to be the amount a provider normally charges for a service and that is usually charged by most other providers for the same service in the same geographic area. Health insurance industry-accepted methods are used by the plans to establish and periodically update reasonable and customary charges. You must pay any amount a provider charges above the applicable reasonable and customary charge.

Scheduled Allowance -- one of two benefit maximums plans use as the amount of your medical or dental care expenses they will cover for a particular service. (The other is the Reasonable and Customary Charge, defined above.) A Scheduled Allowance is the fixed dollar amount that has been assigned to a covered medical or dental service. You must pay any amount the provider charges above it. (Because a plan's Scheduled Allowance for a particular service applies nationwide, and the amount a provider charges for that service may vary geographically, the Scheduled Allowance is likely to defray more of the provider's charge in some areas than in others.)

Service Area -- the area where prepaid plan (CMP/HMO) providers and facilities are available to you. This area would be the same as, or within, the plan's enrollment area.

Using the Plan Comparison Chart

The Plan Comparison Chart beginning on page 10 provides general information about many of the major features of each plan in the Federal Employees Health Benefits Program. It is a tool to help you reach a basic understanding of the plans in which you may enroll and to assist you in comparing benefits as well as premiums and other items of cost to you. You can compare benefits among plans by reviewing categories of services and other features. You can determine relative cost among plans by comparing your premium and your out-of-pocket expenses as reflected by deductibles, copayments, coinsurance, and catastrophic limits.

However, **don't rely on the Chart alone.** Detailed information about plan benefits and the contractual description of coverage appear in the plan brochures. All benefits are subject to the definitions, limitations and exclusions set forth in the brochures. **So before you make a final decision, you should review carefully the official brochure for the plan or plans in which you are interested.**

FEHB Plan Comparison Chart - For Benefits Beginning in January 1990

Fee-for-Service Plans

† ATTENTION CURRENT NFFE ENROLLEES:
The NFFE plan has terminated its high option and will become a single option plan in 1990. If you are enrolled in the NFFE **high option** in 1989, you cannot continue your enrollment in that option in 1990; you **must** file a new enrollment with your employing office, using Standard Form (SF) 2809. If you fail to enroll in either NFFE (new plan code YB) or another FEHB plan, regulations require your employing office to change your enrollment to the NFFE plan.

- All plans require you to share costs for covered charges. In addition to the calendar year deductible (see below), other cost-sharing amounts you pay may include coinsurance, copayments and/or inpatient deductibles.
- The calendar year deductible shown is the per person amount. Under a Self and Family enrollment, generally no more than two or three family members, depending on the plan, must meet this deductible. For a few plans, which have established a family deductible, the per person amount shown applies to just one person; the difference between it and the family deductible can be met by any or all of those covered. The calendar year deductible may not apply to every covered charge.
- The amounts of covered charges that plans pay for medical-surgical primary care shown on the next page are maximum amounts. Payments may be affected, however, by certain limitations and conditions, which are described in the plan brochures.

	Plan Name and Option		Enrollment Code: Plan Code	Enrollment Code: Self Only	Enrollment Code: Self & Family	Brochure Number RI	Plan Telephone Number	1990 Total Monthly Premium: Self Only	1990 Total Monthly Premium: Self & Family	1990 Total Biweekly Premium: Self Only	1990 Total Biweekly Premium: Self & Family	Medical-Surgical Primary Care: You Pay: Calendar Year Deductible	Medical-Surgical Primary Care: You Pay: Catastrophic Limit (max. covered out of pocket) person/family
	AFGE	High	30	1	2	71-2	(800) 424-4308	347.45	679.90	160.36	313.80	$200	$1,500/$1,500
		Stnd	30	4	5	71-2	(800) 424-4308	124.32	269.62	57.38	124.44	NA	$2,500‡
	Alliance	High	46	1	2	71-3	(202) 939-6325	276.62	735.50	127.67	339.46	$250	$1,500/$2,500
		Stnd	46	4	5	71-3	(202) 939-6325	132.58	319.71	61.19	147.56	$325	$2,500/$2,500
	APWU		47	1	2	71-4	(800) 222-2798	152.69	323.40	70.47	149.26	$175	$1,750/$1,750
*	BACE		Y2	1	2	72-8	(301) 881-0510	145.51	343.59	67.16	158.58	$150	$1,500/$1,500
	Blue Cross-Blue Shield (Service Benefit)	High	10	1	2	71-5	See Local Phone Book	301.19	635.81	139.01	293.45	$200	$1,500/$1,500
		Stnd	10	4	5	71-5		146.64	308.12	67.68	142.21	$250	$2,500/$2,500
*	Foreign Service		40	1	2	72-1	(202) 833-4910	161.98	393.81	74.76	181.76	$175	$1,500/$1,500
*	GEBA		YZ	1	2	72-2	(301) 688-7912	162.18	391.86	74.85	180.86	$250	$2,500/$2,500
	GEHA		31	1	2	71-6	(800) 821-6136	154.90	326.06	71.49	150.49	$250	$2,000/$2,000
	Mail Handlers	High	45	1	2	71-7	1-800-468-2958	122.16	272.29	56.38	125.67	NA	$2,500/$5,000
		Stnd	45	4	5	71-7	1-800-468-2958	97.70	212.12	45.09	97.90	NA	$2,500/$5,000
	NAGE	High	YJ	1	2	71-8	(800) 424-3707	330.81	772.87	152.68	356.71	$200	$1,500/$2,500
		Stnd	YJ	4	5	71-8	(800) 424-3707	156.37	373.04	72.17	172.17	$250	$2,000/$3,000
	NALC		32	1	2	71-9	(703) 471-1550	177.56	353.73	81.95	163.26	$200	$1,000/$3,000
*	NAPUS		YP	1	2	72-3	(800) 950-2583	215.13	453.79	99.29	209.44	$200	$700/$1,400
†	NFFE		YB	1	2	71-10	(800) 262-5233	194.22	456.21	89.64	210.56	$250	$1000/$2,000
	NTEU		YY	1	2	71-11	(202) 785-4411	160.14	361.77	73.91	166.97	$275	$2,250/$2,250
*	Panama Canal Area		43	1	2	72-4	(504) 566-1300	123.91	268.73	57.19	124.03	NA	$1,000‡
	Postal Supervisors		YV	1	2	71-12	(800) 950-7727	202.02	478.90	93.24	221.03	$250	$1,500/$1,500
	Postmasters	High	36	1	2	71-13	(703) 683-5585	243.45	525.24	112.36	242.42	$250	$2,000/$2,500
		Stnd	36	4	5	71-13	(703) 683-5585	139.30	339.58	64.29	156.73	$275	$2,500/$2,500
*	Rural Carriers		38	1	2	72-5	(800) 638-8432	155.78	307.34	71.90	141.85	$250	$1,500/$3,000
*	SAMBA		44	1	2	72-6	(301) 984-1440	163.04	415.00	75.25	191.54	$300	$1,000/$2,000
*	Secret Service		Y7	1	2	72-11	(800) 424 7474	113.92	284.83	52.58	131.46	$200	$1,000/$2,000

* Plans are open ONLY to specific groups

‡ Per person

ABBREVIATIONS: ECF — Extended Care Facility
HHC — Home Health Care
NA — Not Applicable
R & C — Reasonable & Customary
SA — Scheduled Allowance

Do Not Rely on This Chart Alone - See Plan Brochures for Details

- Most plans require that accidental injury care must be received within a specified number of hours of the injury for the amounts shown to apply.
- The mental conditions inpatient catastrophic limit is the maximum amount of covered out-of-pocket expenses you pay per person per year until the plan pays up to the lifetime maximum; you pay any expenses that exceed it. The lifetime maximum is the amount up to which plans pay per person for covered mental conditions inpatient services.
- While not shown on the Chart, virtually all of the fee-for-service plans provide:
  —Mental conditions outpatient care benefits, which usually have dollar and/or visit limits, and you share costs to these limits.
  —Inpatient and outpatient care benefits for alcoholism and drug abuse, which usually have dollar, day and/or visit limits, and you share costs to these limits.
  —Inpatient and outpatient hospice care benefits, which have a dollar maximum that varies by plan.
  See plan brochures for details.

Medical - Surgical Primary Care: Plan Pays: Inpatient Care: Hospital Charges: Room & Board	Inpatient Care: Hospital Charges: Other Hosp. Exp.	Inpatient Care: Physician Charges: Surgeons (R & C)	Inpatient Care: Physician Charges: Other Drs. (R & C)	Outpatient Care: Physician Charges: Surgeons (R & C)	Outpatient Care: Physician Charges: Other Drs (R & C)	Outpatient Care: Diagnostic Tests (R & C)	Outpatient Care: Accidental Injury Care (R & C)	Mental Conditions: Inpatient Care: You Pay: Catastrophic Limit ‡	Mental Conditions: Inpatient Care: Plan Pays: Lifetime Maximum ‡	Other Benefit Features: ECF and/or HHC	Other Benefit Features: Dental Care	Other Benefit Features: Rx Drugs	Other Benefit Features: Chiro-practor
100%	100%	100%	80%	100%	80%	80%	100%	$6,000	$50,000	Both	No	Yes	Yes
100%	80%	SA	SA	SA	SA	SA	SA	$5,000	$25,000	ECF	Yes	Yes	No
100%	100%	80%	80%	100%	80%	80%	100%	$8,000	$50,000	Both	Yes	Yes	Yes
100%	100%	75%	75%	90%	75%	75%	100%	$8,000	$50,000	Both	Yes	Yes	Yes
100%	80%	85%	85%	100%	85%	85%	85%	$8,000	$25,000	HHC	Yes	Yes	No
100%	100%	80%	80%	100%	80%	80%	100%	$8,000	$50,000	Both	Yes	Yes	Yes
100%	100%	80%	80%	80%	80%	80%	100%	$4,000	$75,000	HHC	No	Yes	No
100%	100%	75%	75%	75%	75%	75%	100%	$8,000	$50,000	No	Yes	Yes	No
100%	80%	90%	80%	100%	80%	80%	100%	$1,500	None	Both	Yes	Yes	No
100%	75%	75%	75%	85%	75%	75%	100%	$10,000	$25,000	Both	Yes	Yes	Yes
100%	80%	80%	80%	85%	85%	85%	100%	$8,000	$50,000	HHC	Yes	Yes	Yes
100%	100%	SA	SA	SA	SA	SA	75%	$5,000	$25,000	No	Yes	Yes	Yes
100%	100%	SA	SA	SA	SA	SA	75%	$5,000	$25,000	No	No	Yes	Yes
90%	90%	90%	80%	90%	80%	80%	100%	$7,500	$50,000	Both	Yes	Yes	Yes
75%	75%	75%	75%	75%	75%	75%	75%	$8,000	$50,000	Both	Yes	Yes	Yes
100%	80%	85%	75%	85%	75%	75%	SA	$8,000	$50,000	HHC	Yes	Yes	No
100%	100%	75%	75%	100%	75%	75%	100%	$4,200	$50,000	Both	Yes	Yes	Yes
100%	100%	75%	75%	75%	75%	75%	100%	Variable	$40,000	HHC	Yes	Yes	Yes
100%	100%	75%	75%	100%	75%	75%	100%	None	None	Both	Yes	Yes	Yes
100%	80%	100%	SA	100%	SA	SA	100%	None	None	No	Yes	Yes	Yes
100%	100%	80%	75%	90%	75%	75%	100%	$8,000	$50,000	Both	Yes	Yes	Yes
100%	85%	90%	80%	100%	80%	80%	80%	$8,000	$40,000	Both	Yes	Yes	Yes
100%	80%	SA	75%	SA	75%	75%	75%	$8,000	$40,000	Both	Yes	Yes	Yes
100%	80%	90%	75%	90%	75%	75%	SA	$8,000	None	Both	Yes	Yes	Yes
100%	90%	100%	80%	100%	80%	80%	100%	$6,500	$50,000	Both	No	Yes	Yes
100%	100%	80%	80%	80%	80%	80%	100%	$4,000	$50,000	Both	Yes	Yes	Yes

The above benefits may be subject to dollar, day and/or visit limits; as well as preadmission approval, precertification, second opinion and/or other requirements. Read the plan brochures carefully.

FEHB Plan Comparison Chart - For Benefits Beginning in January 1990

Prepaid Plans (Commonly referred to as CMP/HMOs)

- A plan's general location is the approximate area served by the plan. To enroll in a CMP/HMO, you **MUST** live within the plan's enrollment area. See the plan brochure or call the plan for the exact enrollment area.
- While some CMP/HMOs require you to share costs for certain services, *e.g.*, nominal office visit copayments, most do not require cost sharing for hospital care, surgery and/or diagnostic tests.
- Every CMP/HMO provides physicals and immunizations.
- All CMP/HMO benefit packages include catastrophic coverage, since these plans provide for necessary care during a year.
- Every CMP/HMO provides benefits for mental conditions/substance abuse inpatient and outpatient services. However, benefits are limited to short-term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental conditions/substance abuse benefits information, you can find the information in the plan brochures.
- Most CMP/HMOs provide hospice care benefits.

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Alabama															
Complete Health of Alabama	NY	1	2	73-532	State of Alabama	(800) 654-5507	MMP	129.50	329.51	59.77	152.08	Both	No	Yes	Yes
Humana Alabama	NS	1	2	73-529	Huntsville area	(205) 534-8411	IPP	107.62	301.41	49.67	139.11	Both	No	Yes	No
Humana Alabama	PM	1	2	73-529	N. Alabama area	1-800-841-1436	IPP	114.79	321.36	52.98	148.32	Both	No	Yes	No
Humana Alabama	PY	1	2	73-529	Montgomery area	1-800-841-1436	IPP	107.42	300.78	49.58	138.82	Both	No	Yes	No
Medical Center Health Plan	C2	1	2	73-355	Southwestern Alabama	(904) 484-4080	MMP	110.24	297.61	50.88	137.36	Both	No	Yes	Yes
PARTNERS Health Plan of Alabama	DF	1	2	73-349	Birmingham area	(205) 942-5787	IPP	137.35	351.65	63.39	162.30	Both	No	Yes	No
Prime Health of Alabama	AA	1	2	73 280	Mobile area	(205) 342-0022	GPP	141.53	356.22	65.32	164.41	Both	Yes	Yes	No
Arizona															
CIGNA Phoenix	16	1	2	73-28	Phoenix area	(602) 954-3500	GPP	151.75	388.55	70.04	179.33	Both	Yes	Yes	No
CIGNA Tucson	B1	1	2	73-95	Tucson area	(602) 571-6521	GPP	143.07	396.33	66.03	182.92	Both	No	Yes	No
EQUICOR Health Plan Arizona	B8	1	2	73-400	Most of Arizona	1-800-274-4057	IPP	123.41	320.86	56.96	148.09	Both	No	Yes	No
FHP/Arizona	A3	1	2	73-18	Phoenix and Tucson areas	(602) 966-6773	IPP	114.01	342.27	52.62	157.97	Both	Yes	Yes	No
Health Horizons	SB	1	2	73-546	Southeastern Arizona	(602) 747-2555	IPP	137.13	331.50	63.29	153.00	Both	No	Yes	No
Humana Phoenix	DY	1	2	73-401	Maricopa County	(602) 381-4350	IPP	114.03	325.00	52.63	150.00	Both	No	Yes	No
Intergroup of Arizona, Inc.	A7	1	2	73-283	Cochise/Phoenix/Tucson area	1-800-222-5135	MMP	107.10	310.29	49.43	143.21	Both	No	Yes	No
Arkansas															
American HMO	RB	1	2	73-427	Little Rock and Ft. Smith area	(800) 333-3534	MMP	109.14	305.54	50.37	141.02	Both	No	Yes	No
California															
Bay Pacific Health Plan	BU	1	2	73-111	Grtr San Francisco Bay area	(415) 952-2005	IPP	133.94	334.86	61.82	154.55	Both	No	Yes	No
Bridgeway Plan for Health	CC	1	2	73-115	San Francisco Bay area	(800) 554-3110	MMP	122.63	294.36	56.60	135.86	Both	No	Yes	No
CaliforniaCare	M5	1	2	73-517	Most of California	(800) 825-1030	MMP	124.02	341.06	57.24	157.41	Both	No	Yes	No
CareAmerica-Southern CA	BG	1	2	73-290	Los Angeles area	1-818-349-2273	IPP	122.50	339.45	56.54	156.67	Both	No	Yes	Yes
CIGNA Private Practice	SK	1	2	73-402	San Diego/Los Angeles	1-800-882-4462	IPP	131.34	323.27	60.62	149.20	Both	No	Yes	No
FHP/California	66	1	2	73-18	Southern California	(213) 493-6411	MMP	136.37	355.83	62.94	164.23	Both	Yes	Yes	No
Foundation Health Plan of CA	C6	1	2	73-74	Northern/Central California	(800) 621-PLAN	IPP	152.92	373.14	70.58	172.22	Both	No	Yes	No
HEALS Health Plan	CF	1	2	73-176	Northern California	(800) 372-8200	IPP	153.99	387.10	71.07	178.66	Both	No	Yes	No
Health Net	LB	1	2	73-159	Most of California	1-800-522-0088	MMP	147.57	388.55	68.11	179.33	Both	No	Yes	Yes
Health Plan America	AX	1	2	73-220	Central Valley	(800) 888-9982	IPP	125.54	332.69	57.94	153.55	Both	No	Yes	No
Health Plan America	BH	1	2	73-220	Most of California	(800) 422-2669	IPP	117.85	312.28	54.39	144.13	Both	No	Yes	No
Health Plan of the Redwoods	CW	1	2	73-221	Sonoma & Marin Counties	(707) 544-2273	IPP	147.85	360.75	68.24	166.50	Both	No	Yes	No

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-practor
California (cont.)															
Kaiser (Northern CA)	59	1	2	73-3	Northern California	(415) 987-3190	GPP	120.94	283.49	55.82	130.84	Both	No	Yes	No
Kaiser (Southern CA)	62	1	2	73-2	Southern California	(213) 660-1720	GPP	127.05	316.49	58.64	146.07	Both	No	Yes	No
Kaiser (Southern CA)	RC	1	2	73-2	Kern County	(805) 334-2000	GPP	120.12	304.63	55.44	140.60	Both	No	Yes	No
Lifeguard Health Plan	CD	1	2	73-188	Northern California/Bay area	(408) 943-9400	IPP	137.54	349.16	63.48	161.15	Both	No	Yes	No
Lincoln National Health Plan of CA	CY	1	2	73-260	Southern California	(619) 299-6464	MMP	130.33	338.89	60.15	156.41	Both	Yes	Yes	Yes
Maxicare (Northern CA)	CX	1	2	73-246	San Francisco area	(415) 375-1544	MMP	154.83	357.13	71.46	164.83	Both	No	Yes	No
Maxicare (Sacramento)	CP	1	2	73-246	Sacramento area	(415) 375-1544	MMP	145.75	352.30	67.27	162.60	Both	No	Yes	No
Maxicare (Southern CA)	CM	1	2	73-43	Los Angeles area	(213) 568-9000	MMP	131.84	354.32	60.85	163.53	Both	No	Yes	No
National Med	MN	1	2	73-512	Merced, San Joaquin, Stanislaus Cos.	1-800-468-6600	IPP	120.19	297.38	55.47	137.25	Both	No	Yes	No
PacifiCare of California	CQ	1	2	73-105	Southern California	(714) 220-3777	MMP	125.99	348.40	58.15	160.80	Both	No	Yes	Yes
PARTNERS Health Plan	RG	1	2	73-538	Southern California	1-800-347-4343	IPP	148.35	420.29	68.47	193.98	Both	No	Yes	No
Ross Loos Medical Group	61	1	2	73-14	Los Angeles area	(800) 344-0557	GPP	140.18	344.98	64.70	159.22	Both	No	Yes	No
St. Joseph's Omni Health Plan	HN	1	2	73-406	San Joaquin County	(209) 466-6664	IPP	131.97	345.63	60.91	159.52	Both	No	Yes	No
Takecare	LC	1	2	73-144	Northern California/Los Angeles area	1-800-635-CARE	MMP	136.26	358.17	62.89	165.31	Both	No	Yes	No
United Health	C4	1	2	73-269	Los Angeles/Orange Counties	(213) 671-3465	MMP	147.20	384.58	67.94	177.50	Both	No	Yes	Yes
ValuCare/Central Valley HP	BE	1	2	73-403	Central Valley area	(209) 435-8366	IPP	135.83	355.77	62.69	164.20	Both	No	Yes	No
Colorado															
COMPRECARE (High)	D6	1	2	73-49	Denver/Col Spgs/No Colorado	(303) 750-6200	IPP	126.32	325.04	58.30	150.02	Both	Yes	Yes	No
COMPRECARE (Stnd)	D6	4	5	73-49	Denver/Col Spgs/No Colorado	(303) 750-6200	IPP	101.75	262.69	46.96	121.24	Both	Yes	Yes	No
HMO Colorado	L2	1	2	73-147	Front Range Colorado	(303) 831-4114	MMP	126.77	336.92	58.51	155.50	Both	Yes	Yes	Yes
Kaiser Colorado	65	1	2	73-19	Denver area	(303) 344-7500	GPP	104.23	264.77	48.13	122.20	Both	Yes	Yes	No
Peak Health Plan	DD	1	2	73-78	Denver/Col Springs/No. Col/So. Col	(303) 223-9898	MMP	127.31	318.18	58.76	146.85	Both	Yes	Yes	No
Qual-Med Colorado	MT	1	2	73-514	Col Spgs/Denver/Southcentral Col	(719) 598-0553	MMP	136.44	354.77	62.97	163.74	Both	No	Yes	No
Rocky Mountain HMO	88	1	2	73-27	Grand Junction area	(303) 243-7050	IPP	153.70	352.13	70.94	162.52	Both	Yes	Yes	No
Connecticut															
CIGNA Connecticut	AL	1	2	73-410	Hartford area	(203) 289-6088	IPP	174.27	445.62	80.43	205.67	Both	No	Yes	Yes
Community Health Care Plan	71	1	2	73-24	Fairfield and New Haven Counties	1-800-237-2427	MMP	196.95	472.42	90.90	218.04	Both	No	Yes	Yes
Constitution Health Network	BN	1	2	73-411	Gtr Hartford/Waterbury/Bridgeport	(203) 721-7784	IPP	167.22	422.74	77.18	195.11	Both	No	Yes	Yes
Health New England	DJ	1	2	73-437	Northern Connecticut	(413) 787-4000	IPP	150.28	332.11	69.36	153.28	Both	No	Yes	No
HMO IPA Network	KH	1	2	73-194	Portions of CT & MA	(413) 499-4009	IPP	144.82	379.02	66.84	174.93	Both	No	Yes	No
Kaiser Connecticut	DM	1	2	73-114	Hartford and Stamford area	(203) 280-1200	GPP	128.64	334.49	59.37	154.38	Both	No	Yes	No
Physicians Health Services/CT	DP	1	2	73-140	Eastern, Southern & Western CT	(800) 848-4747	IPP	146.36	383.59	67.55	177.04	Both	No	Yes	No
U.S. Healthcare	H1	1	2	73-412	Frfld/Hrtfrd/Ltchfld/New Hvn Cos.	1-800-537-9384	IPP	146.71	396.00	67.71	182.77	Both	Yes	Yes	No
Delaware															
Delaware Valley HMO	SP	1	2	73-65	State of Delaware	(302) 571-0822	IPP	134.12	347.73	61.90	160.49	Both	Yes	Yes	No

ABBREVIATIONS: ECF — Extended Care Facility IPP — Individual Practice Plan
GPP — Group Practice Plan MMP — Mixed Model Plan
HHC — Home Health Care

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	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Delaware (cont.)															
Healthcare Delaware	MR	1	2	73-513	New Castle County	(302) 421-4141	IPP	125.08	316.66	57.73	146.15	Both	No	Yes	No
Principal Health Care of Delaware	RV	1	2	73-544	State of Delaware	(302) 368-2090	IPP	127.88	348.08	59.02	160.65	Both	No	Yes	Yes
US Healthcare - Delaware	NK	1	2	73-527	New Castle, Sussex & Kent Cos.	1-800-537-9384	IPP	131.50	337.00	60.69	155.54	Both	Yes	Yes	No
District of Columbia															
CapitalCare	E6	1	2	73-196	Washington, D.C. area	(703) 761-5599	IPP	168.96	417.73	77.98	192.80	Both	Yes	Yes	No
CareFirst	JQ	1	2	73-268	D.C. area/Most of Maryland	(301) 335-1601	MMP	130.74	346.47	60.34	159.91	Both	Yes	Yes	No
George Washington Univ HP (High)	E5	1	2	73-46	Washington, D.C. area	(202) 676-4103	MMP	145.49	349.81	67.15	161.45	Both	Yes	Yes	No
George Washington Univ HP (Stnd)	E5	4	5	73-46	Washington, D.C. area	(202) 676-4103	MMP	118.93	284.31	54.89	131.22	Both	Yes	Yes	No
Group Health Association (High)	50	1	2	73-8	Washington, D.C. area	(202) 966-4357	GPP	158.19	370.13	73.01	170.83	Both	Yes	Yes	No
Group Health Association (Stnd)	50	4	5	73-8	Washington, D.C. area	(202) 966-4357	GPP	101.40	258.57	46.80	119.34	Both	Yes	Yes	No
Healthplus (High)	JN	1	2	73-67	D.C. Metro area	(301) 277-6520	IPP	132.15	302.47	60.99	139.60	Both	Yes	Yes	No
Healthplus (Stnd)	JN	4	5	73-67	D.C. Metro area	(301) 277-6520	IPP	101.21	231.29	46.71	106.75	Both	Yes	Yes	No
Kaiser/Mid-Atlantic	E3	1	2	73-47	Washington, D.C. area	(202) 364-3400	GPP	123.70	316.72	57.09	146.18	Both	Yes	Yes	No
Lincoln National Health Plan	DS	1	2	73-442	Washington, D.C.	(800) 432-2820	IPP	139.71	342.25	64.48	157.96	Both	Yes	Yes	No
M.D. IPA	JP	1	2	73-100	D.C. and Baltimore Metro areas	(301) 294-5100	IPP	102.98	290.92	47.53	134.27	Both	Yes	Yes	Yes
Partners (High)	V8	1	2	73-250	Washington, D.C. area	1-800-537-5096	IPP	163.13	402.11	75.29	185.59	Both	Yes	Yes	No
Partners (Stnd)	V8	4	5	73-250	Washington, D.C. area	1-800-537-5096	IPP	145.38	353.84	67.10	163.31	Both	Yes	Yes	No
Physicians CareFirst	X9	1	2	73-331	D.C. Metro area	(703) 528-2273	IPP	162.33	389.59	74.92	179.81	Both	Yes	Yes	No
PruCare of Washington, D.C.	HD	1	2	73-413	Washington, D.C. area	1-800-333-1862	IPP	167.79	423.80	77.44	195.60	Both	No	Yes	Yes
Florida															
AV-MED/Gainesville	JF	1	2	73-126	Gainesville area	1-800-237-1255	IPP	135.74	353.43	62.65	163.12	Both	Yes	Yes	Yes
AV-MED/Jacksonville	HW	1	2	73-126	Jacksonville area	1-800-227-4184	IPP	155.22	403.17	71.64	186.08	Both	Yes	Yes	Yes
AV-MED/Orlando	GP	1	2	73-126	Orlando area	(407) 660-0333	IPP	136.17	359.54	63.77	165.94	Both	Yes	Yes	Yes
AV-MED/South Florida	EM	1	2	73-126	South Florida	1-800-432-6676	IPP	167.09	433.75	77.12	200.19	Both	Yes	Yes	Yes
AV-MED/Tampa	H5	1	2	73-126	Tampa area	1-800-257-2273	IPP	147.18	382.53	67.93	176.55	Both	Yes	Yes	Yes
Capital Health of Tallahassee	EA	1	2	73-197	Tallahassee area	(904) 386-3161	MMP	116.03	291.87	53.55	134.71	Both	No	Yes	No
CIGNA Healthplan of Florida	EJ	1	2	73-170	Tampa area	(813) 281-1000	GPP	153.42	422.35	70.81	194.93	Both	Yes	Yes	Yes
CIGNA Healthplan of Florida	EN	1	2	73-170	Orlando area	(407) 660-1344	MMP	145.12	399.34	66.98	184.31	Both	Yes	Yes	Yes
CIGNA South Florida	EK	1	2	73-72	Miami/Ft. Lauderdale/Palm Beach	(305) 493-5400	IPP	158.90	424.62	73.34	195.98	Both	Yes	Yes	Yes
Health Options-Central Florida	D3	1	2	73-391	Orlando area	1-800-545-6565	IPP	176.65	458.97	81.53	211.83	Both	No	Yes	Yes

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Florida (cont.)															
Health Options-Jacksonville/Gainesville	E8	1	2	73-219	Jacksonville and Gainesville areas	(904) 731-1037	MMP	132.58	345.82	61.19	159.61	Both	No	Yes	Yes
Health Options-Pensacola	D5	1	2	73-385	Escambia & Santa Rosa Counties	(904) 484-7550	IPP	147.59	401.74	68.12	185.42	Both	No	Yes	Yes
Health Options-South FL/Palm Beach	FN	1	2	73-82	Palm Beach area	1-800-826-4727	IPP	112.88	309.60	52.10	142.89	Both	No	Yes	Yes
Health Options-South Florida/Miami	FR	1	2	73-82	Dade and Broward Counties	1-800-826-4727	IPP	124.15	340.51	57.30	157.16	Both	No	Yes	Yes
Health Options-Tampa Bay	D7	1	2	73-384	Tampa Bay area	(813) 889-7717	MMP	172.01	441.61	79.39	203.82	Both	No	Yes	Yes
HIP Network of Florida	K7	1	2	73-421	Broward/Dade/Palm Beach	(305) 491-9055	IPP	133.12	365.11	61.44	168.51	Both	No	Yes	Yes
Humana Medical Plan-Daytona	P7	1	2	73-278	Daytona area	(904) 677-8530	MMP	127.18	356.07	58.70	164.34	Both	Yes	Yes	Yes
Humana Medical Plan-Orlando	P5	1	2	73-278	Orlando area	(407) 872-6050	MMP	117.50	328.94	54.23	151.82	Both	Yes	Yes	Yes
Humana Medical Plan-South Florida	EE	1	2	73-278	South Florida	1-800-531-4773	MMP	103.76	296.55	47.89	136.87	Both	Yes	Yes	Yes
Humana Medical Plan-Tampa	JH	1	2	73-278	Tampa area	(813) 287-6212	MMP	82.16	234.78	37.92	108.36	Both	Yes	Yes	Yes
Medical Center Health Plan	C2	1	2	73-355	Northwest Florida	(904) 484-4080	MMP	110.24	297.61	50.88	137.36	Both	No	Yes	Yes
Principal Health Care of Florida	D1	1	2	73-395	Jacksonville area	(904) 355-5020	IPP	162.93	439.16	75.20	202.69	Both	No	Yes	Yes
PruCare of Jacksonville	EC	1	2	73-261	Jacksonville area	(904) 391-3415	MMP	109.79	296.44	50.67	136.82	Both	No	Yes	Yes
PruCare of South Florida	HE	1	2	73-422	South Florida	(305) 492-8244	IPP	152.14	429.85	70.22	198.39	Both	No	Yes	Yes
PruCare Orlando	EH	1	2	73-164	Orlando area	(407) 875-6601	GPP	103.72	290.44	47.87	134.05	Both	No	Yes	Yes
PruCare-Tampa Bay	FH	1	2	73-343	Tampa Bay area	1-800-284-4302	IPP	128.96	361.05	59.52	166.64	Both	No	Yes	Yes
Georgia															
HMO Georgia, Inc.	CR	1	2	73-424	Atlanta, Augusta & Macon areas	(404) 365-9673	IPP	148.24	385.43	68.42	177.89	Both	No	Yes	No
Kaiser-Georgia	F8	1	2	73-321	Atlanta area	(404) 233-0556	GPP	121.10	310.48	55.89	143.30	Both	Yes	Yes	No
Partners Health Plan of Georgia	F3	1	2	73-304	Atlanta area	(404) 951-1255	MMP	151.30	408.44	69.83	188.51	Both	Yes	Yes	No
PruCare of Atlanta	EZ	1	2	73-107	Atlanta area	(404) 955-7735	MMP	117.72	329.57	54.33	152.11	Both	No	Yes	Yes
Guam															
FHP/Guam	JK	1	2	73-18	Guam	646-1984	GPP	105.21	310.07	48.56	143.11	Both	Yes	Yes	No
Guam Memorial Health Plan (High)	ZA	1	2	73-213	Guam	(671) 472-4647	IPP	123.33	315.97	56.92	145.83	Both	Yes	Yes	Yes
Guam Memorial Health Plan (Stnd)	ZA	4	5	73-213	Guam	(671) 472-4647	IPP	88.21	235.67	40.71	108.77	Both	No	Yes	Yes
Health Maintenance Life	28	1	2	73-36	Guam	646-7826	IPP	81.71	246.26	37.71	113.66	Both	Yes	Yes	No
Hawaii															
HMSA	87	1	2	73-10	Hawaii	(808) 942-1111	IPP	120.64	319.74	55.68	147.57	Both	Yes	Yes	No
HMSA's Community Health Program	F6	1	2	73-60	Hawaii	(808) 944-2372	GPP	123.70	341.34	57.09	157.54	Both	Yes	Yes	No
Island Care	F9	1	2	73-319	Hawaii	(808) 943-1127	IPP	114.55	295.82	52.87	136.53	Both	Yes	Yes	No
Kaiser Hawaii (High)	63	1	2	73-5	Hawaii	(808) 521-0803	GPP	104.80	272.11	48.37	125.59	Both	Yes	Yes	No
Kaiser Hawaii (Stnd)	63	4	5	73-5	Hawaii	(808) 521-0803	GPP	88.86	228.24	41.01	105.34	Both	Yes	Yes	No
Idaho															
Foundation Health Plan	TM	1	2	73-287	Northern Idaho	(509) 326-8820	IPP	118.60	302.64	54.74	139.68	Both	No	Yes	No
Group Health Northwest	VR	1	2	73-96	Kootenai and Bonner Counties	(208) 664-5174	MMP	119.67	304.11	55.23	140.36	Both	Yes	Yes	Yes

ABBREVIATIONS: ECF — Extended Care Facility IPP — Individual Practice Plan
GPP — Group Practice Plan MMP — Mixed Model Plan
HHC — Home Health Care

FEHB Plan Comparison Chart - For Benefits Beginning in January 1990

Prepaid Plans (Commonly referred to as CMP/HMOs)

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- Most CMP/HMOs provide hospice care benefits.

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Idaho (cont.)															
Lincoln National Health Plan	GM	1	2	73-426	Ada and Canyon Counties	(208) 343-3330	GPP	99.60	271.90	45.97	125.49	Both	No	Yes	No
Illinois															
American HMO	AC	1	2	73-427	Metro Chicago area and N.W. IN	(800) 242-7466	MMP	105.99	296.77	48.92	136.97	Both	No	Yes	No
Anchor	17	1	2	73-29	Chicago/Metro area	(312) 347-3440	MMP	110.93	299.63	51.20	138.29	Both	No	Yes	Yes
Blackhawk Health Assurance Plan	LH	1	2	73-149	Rockford area	(815) 963-5431	IPP	135.33	343.63	62.46	158.60	Both	No	Yes	No
BlueChoice	M4	1	2	73-516	St. Clair and Madison Counties	(800) 634-4395	IPP	117.80	315.03	54.37	145.40	Both	Yes	Yes	No
CarleCare	FX	1	2	73-168	East Central Illinois	(217) 337-8100	MMP	104.15	286.50	48.07	132.23	Both	No	Yes	Yes
Chicago HMO Ltd	FJ	1	2	73-199	Chicago area	(312) 751-4460	MMP	111.04	322.01	51.25	148.62	Both	Yes	Yes	Yes
Dreyer HMO	EU	1	2	73-300	Greater Fox Valley and Dekalb areas	(708) 859-0400	GPP	112.91	319.00	52.11	147.23	Both	No	Yes	Yes
Foundation Program	LG	1	2	73-151	Springfield area	(217) 787-2002	IPP	144.65	390.09	66.76	180.04	Both	No	Yes	No
Great Lakes Health Plan	FY	1	2	73-231	Chicago area	(800) 325-7498	IPP	126.51	309.88	58.39	143.02	Both	No	Yes	No
Group Health St. Louis (High)	MM	1	2	73-104	St. Louis area	(314) 993-6494	GPP	125.41	332.30	57.88	153.37	Both	Yes	Yes	No
Group Health St. Louis (Stnd)	MM	4	5	73-104	St. Louis area	(314) 993-6494	GPP	106.17	281.32	49.00	129.84	Both	Yes	Yes	No
HealthChicago	GQ	1	2	73-310	Cook, DuPage, Lake, Kane, Wil Cos.	(312) 964-2700	MMP	161.22	380.97	74.41	175.83	Both	No	Yes	Yes
HMO Illinois/Chicago Metro Area	LF	1	2	73-152	Chicago area	(312) 938-6600	MMP	138.19	357.35	63.78	164.93	Both	No	Yes	No
HMO Illinois/Downstate Area	JL	1	2	73-152	Downstate counties	(312) 938-6600	MMP	131.26	349.38	60.58	161.25	Both	No	Yes	No
Maxicare Illinois	FV	1	2	73-58	Chicago/Champaign areas	(312) 786-9830	MMP	132.15	364.56	60.99	168.26	Both	No	Yes	No
MetLife HCN of St. Louis	12	1	2	73-32	St. Louis area	(314) 469-3300	MMP	156.52	353.99	72.24	163.38	Both	Yes	Yes	No
Michael Reese	75	1	2	73-25	Chicago area	(312) 808-3801	GPP	109.05	281.10	50.33	129.74	Both	No	Yes	No
PARTNERS Health Plan	RN	1	2	73-541	Madison and St. Clair Counties	1-800-338-4123	IPP	120.12	333.10	55.44	153.74	Both	No	Yes	No
PersonalCare's HMO	GE	1	2	73-257	East, Cntrl, Sthrn, NE IL	(800) 431-1211	MMP	114.12	320.69	52.67	148.01	Both	No	Yes	No
PruCare of Illinois	G4	1	2	73-45	Chicago area	(708) 671-5454	MMP	115.05	363.00	53.10	167.54	Both	No	Yes	Yes
SANUS Health Plan-St. Louis	H8	1	2	73-345	St. Louis Metro area	(314) 434-6010	IPP	136.89	314.84	63.18	145.31	Both	Yes	Yes	No
Share Health Plan of Illinois	FP	1	2	73-187	Chicago area	800-MD-SHARE	MMP	151.97	341.88	70.14	157.79	Both	Yes	Yes	Yes
Union Health Service	76	1	2	73-26	Chicago Metro area	(312) 829-4224	GPP	92.32	259.78	42.61	119.90	Both	No	Yes	No
Indiana															
American HMO	AC	1	2	73-427	Metro Chicago area and N.W. IN	(800) 242-7466	MMP	105.99	296.77	48.92	136.97	Both	No	Yes	No
Anchor	17	1	2	73-29	Lake and Porter Counties	(312) 347-3440	MMP	110.93	299.63	51.20	138.29	Both	No	Yes	Yes
Arnett HMO	G2	1	2	73-288	Greater Lafayette area	(317) 448-8200	GPP	141.74	371.19	65.42	171.32	Both	No	Yes	No
Great Lakes Health Plan	FY	1	2	73-231	Lake, LaPorte and Porter Counties	(800) 325-7498	IPP	126.51	309.88	58.39	143.02	Both	No	Yes	No

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Indiana (cont.)															
HealthChicago	GQ	1	2	73-310	Lake, LaPorte and Porter Counties	(312) 964-2700	MMP	161.22	380.97	74.41	175.83	Both	No	Yes	Yes
HMO America-Indiana	M6	1	2	73-518	Northwestern Indiana	(219) 738-2786	GPP	113.64	329.57	52.45	152.11	Both	No	Yes	Yes
HMO Illinois/Chicago Metro Area	LF	1	2	73-152	Lake and Porter Counties	(312) 938-6600	MMP	138.19	357.35	63.78	164.93	Both	No	Yes	No
HMO Kentucky	FG	1	2	73-314	Southern Indiana	(800) 452-4195	IPP	134.31	370.76	61.99	171.12	Both	No	Yes	Yes
Humana Care Plan	18	1	2	73-238	Louisville, Kentucky area	(502) 423-1355	MMP	89.96	255.43	41.52	117.89	Both	No	Yes	No
Humana/Louisville, KY	D2	1	2	73-434	Louisville area	(502) 423-1355	IPP	94.10	268.08	43.43	123.73	Both	No	Yes	No
Key Health Plan	GH	1	2	73-163	North and Central Indiana	1-800-321-8961	IPP	157.91	442.00	72.88	204.00	Both	Yes	Yes	No
Maxicare Illinois	FV	1	2	73-58	Lake & Porter Counties	(312) 786-9830	MMP	132.15	364.56	60.99	168.26	Both	No	Yes	No
Maxicare Indiana	GK	1	2	73-183	Indianapolis area	(317) 843-9989	MMP	128.74	396.78	59.42	183.13	Both	No	Yes	No
Michael Reese	75	1	2	73-25	Lake County	(312) 808-3801	GPP	109.05	281.10	50.33	129.74	Both	No	Yes	No
PARTNERS National Health of IN	MC	1	2	73-506	Elkhart/South Bend	(219) 233-4677	IPP	127.51	346.82	58.85	160.07	Both	No	Yes	No
Welborn HMO	H3	1	2	73-430	Evansville area	(812) 425-3939	GPP	129.70	349.01	59.86	161.08	Both	No	Yes	No
Iowa															
Care Choices	FA	1	2	73-444	Sioux City area	1-712-252-6556	IPP	122.07	328.42	56.34	151.58	Both	No	Yes	No
Principal Health Care of Nebraska	GU	1	2	73-453	Council Bluffs	(402) 333-1720	MMP	116.46	304.96	53.75	140.75	Both	Yes	Yes	Yes
Share Health Plan of Iowa	GS	1	2	73-186	Des Moines area	(515) 225-1234	IPP	158.12	355.77	72.98	164.20	Both	No	Yes	Yes
Kansas															
EQUICOR Kansas/Kansas City	HJ	1	2	73-175	Kansas City area	(913) 451-2020	MMP	156.37	431.64	72.17	199.22	Both	No	Yes	No
EQUICOR Kansas/Salina	H9	1	2	73-175	Salina area	(913) 823-6015	MMP	130.61	352.84	60.28	162.85	Both	No	Yes	No
EQUICOR Kansas/Wichita	HC	1	2	73-175	Wichita area	(316) 636-1152	MMP	128.14	340.71	59.14	157.25	Both	No	Yes	No
HMO Kansas/Capitol Area	HM	1	2	73-232	Capitol area	(800) 332-0028	IPP	130.91	353.58	60.42	163.19	Both	Yes	Yes	Yes
HMO Kansas/Central Kansas	HP	1	2	73-232	Central Kansas	(800) 332-0028	IPP	129.50	350.59	59.77	161.81	Both	Yes	Yes	Yes
HMO Kansas/Greater Wichita	PQ	1	2	73-232	Wichita area	(800) 332-0028	IPP	132.19	337.55	61.01	155.79	Both	Yes	Yes	Yes
Kaiser-Kansas City	HA	1	2	73 128	Kansas City area	(913) 384-9090	GPP	110.37	286.98	50.94	132.45	Both	No	Yes	No
Prime Health (High)	MS	1	2	73-54	Kansas City area	(913) 722-5000	GPP	135.22	362.16	62.41	167.29	Both	No	Yes	No
Prime Health (Stnd)	MS	4	5	73-54	Kansas City area	(913) 722-5000	GPP	113.27	306.87	52.28	141.63	Both	No	Yes	No
Principal Health Care of Kansas City	N3	1	2	73-275	Kansas City area	(816) 941-3071	IPP	116.42	310.92	53.73	143.50	Both	No	Yes	No
Total Health Care	LZ	1	2	73-142	Kansas City area	(816) 561-2777	IPP	149.89	409.20	69.18	188.86	Both	No	Yes	No
Kentucky															
HealthWise of Kentucky	DU	1	2	73-433	Central Kentucky	(800) 543-8339	IPP	92.08	274.02	42.50	126.47	Both	No	Yes	Yes
HMO Kentucky	FG	1	2	73-314	Major Kentucky cities	(800) 452-4195	IPP	134.31	370.76	61.99	171.12	Both	No	Yes	Yes
Humana Care Plan	18	1	2	73-238	Louisville area	(502) 423-1355	MMP	89.96	255.43	41.52	117.89	Both	No	Yes	No
Humana Care Plan	HR	1	2	73-238	Lexington area	(606) 263-1400	MMP	87.32	242.71	40.30	112.02	Both	No	Yes	No
Humana/Louisville	D2	1	2	73-434	Louisville area	(502) 423-1355	IPP	94.10	268.08	43.43	123.73	Both	No	Yes	No
Lincoln National Health Plan	R8	1	2	73-254	Northern Kentucky	(513) 772-7325	MMP	137.87	337.74	63.63	155.88	Both	Yes	Yes	Yes

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Louisiana															
Maxicare Louisiana	JA	1	2	73-244	New Orleans	(504) 836-2939	MMP	160.01	410.56	73.85	189.49	Both	No	Yes	No
Principal Health Care of Louisiana	RP	1	2	73-542	New Orleans & River Region	(504) 834-0842	IPP	125.86	342.62	58.09	158.13	Both	No	Yes	Yes
Maine															
Healthsource Maine	MY	1	2	73-515	Southern and Central Maine	(800) 642-5551	IPP	158.77	374.75	73.28	172.96	Both	No	Yes	Yes
HMO Maine	CU	1	2	73-443	Southern and Central Maine	1-800-527-7706	IPP	174.18	386.64	80.39	178.45	Both	No	Yes	No
Maryland															
Capitalcare	E6	1	2	73-196	Portions of Maryland	(703) 761-5599	IPP	168.96	417.73	77.98	192.80	Both	Yes	Yes	No
CareFirst	JQ	1	2	73-268	D.C. area/Most of Maryland	(301) 335-1601	MMP	130.74	346.47	60.34	159.91	Both	Yes	Yes	No
Chesapeake Health Plan	BL	1	2	73-441	Baltimore/Harford/Anne Arundel	(301) 539-8622	MMP	123.33	331.18	56.92	152.85	Both	Yes	Yes	No
Columbia Medical Plan	67	1	2	73-20	Central Maryland	(301) 964-8168	GPP	141.01	387.83	65.08	179.00	Both	Yes	Yes	No
Free State Health Plan	LD	1	2	73-146	Central Maryland	(301) 964-8168	MMP	135.72	373.27	62.64	172.28	Both	Yes	Yes	No
George Washington Univ HP (High)	E5	1	2	73-46	Washington, D.C. area	(202) 676-4103	MMP	145.49	349.81	67.15	161.45	Both	Yes	Yes	No
George Washington Univ HP (Stnd)	E5	4	5	73-46	Washington, D.C. area	(202) 676-4103	MMP	118.93	284.31	54.89	131.22	Both	Yes	Yes	No
Group Health Association (High)	50	1	2	73-8	Mntgmry/P.G./ Hwrd/Part of Chrls Cos.	(202) 966-4357	GPP	158.19	370.13	73.01	170.83	Both	Yes	Yes	No
Group Health Association (Stnd)	50	4	5	73-8	Mntgmry/P.G./ Hwrd/Part of Chrls Cos.	(202) 966-4357	GPP	101.40	258.57	46.80	119.34	Both	Yes	Yes	No
Healthplus (High)	JN	1	2	73-67	D.C. Metro area	(301) 277-6520	IPP	132.15	302.47	60.99	139.60	Both	Yes	Yes	No
Healthplus (Stnd)	JN	4	5	73-67	D.C. Metro area	(301) 277-6520	IPP	101.21	231.29	46.71	106.75	Both	Yes	Yes	No
Healthplus (High)	JW	1	2	73-67	Baltimore Metro Area	(301) 277-6520	IPP	121.03	276.92	55.86	127.81	Both	Yes	Yes	No
Healthplus (Stnd)	JW	4	5	73-67	Baltimore Metro Area	(301) 277-6520	IPP	91.91	209.97	42.42	96.91	Both	Yes	Yes	No
Johns Hopkins Health Plan	JB	1	2	73-320	Central Maryland	(301) 444-5400	GPP	118.32	319.82	54.61	147.61	Both	Yes	Yes	No
Kaiser/Mid-Atlantic	E3	1	2	73-47	Washington, D.C. area	(202) 364-3400	GPP	123.70	316.72	57.09	146.18	Both	Yes	Yes	No
Kaiser/Mid-Atlantic	E7	1	2	73-47	Baltimore area	(301) 281-6123	GPP	110.67	287.78	51.08	132.82	Both	Yes	Yes	No
Lincoln National Health Plan	KB	1	2	73-442	Baltimore area	1-800-432-2820	IPP	128.83	315.55	59.46	145.64	Both	Yes	Yes	No
Lincoln National Health Plan	DS	1	2	73-442	Prince George's and Montgomery Cos.	1-800-432-2820	IPP	139.71	342.25	64.48	157.96	Both	Yes	Yes	No
M.D. IPA	JP	1	2	73-100	D.C. and Baltimore Metro areas	(301) 294-5100	IPP	102.98	290.92	47.53	134.27	Both	Yes	Yes	Yes
Partners (High)	V8	1	2	73-250	D.C. Metro area	1-800-537-5096	IPP	163.13	402.11	75.29	185.59	Both	Yes	Yes	No
Partners (Stnd)	V8	4	5	73-250	D.C. Metro area	1-800-537-5096	IPP	145.38	353.84	67.10	163.31	Both	Yes	Yes	No
Physicians CareFirst	X9	1	2	73-331	D.C. Metro area	(703) 528-2273	IPP	162.33	389.59	74.92	179.81	Both	Yes	Yes	No
Potomac Health	JM	1	2	73-225	Portions of Maryland	(301) 335-1601	MMP	151.00	392.60	69.69	181.20	Both	Yes	Yes	No
PruCare of Washington, D.C.	HD	1	2	73-413	Washington, D.C. area	1-800-333-1862	IPP	167.79	423.80	77.44	195.60	Both	No	Yes	Yes

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Massachusetts															
Bay State Health Care	KW	1	2	73-193	Eastern Massachusetts	1-800-525-5151	IPP	155.00	418.56	71.54	193.18	Both	Yes	Yes	No
Central Massachusetts	J1	1	2	73-291	Worcester County	(508) 754-1870	IPP	172.03	430.15	79.40	198.53	Both	Yes	Yes	No
CIGNA Massachusetts	G6	1	2	73-295	Gtr Springfield & Worcester areas	(413) 733-1177	IPP	140.05	369.72	64.64	170.64	Both	No	Yes	No
Community Health Plan	SM	1	2	73-53	Brkshre/Frnklin/Hmpshr Cos.	(413) 736-8376	MMP	144.37	378.41	66.63	174.65	Both	No	Yes	No
Fallon Community Health Plan	JV	1	2	73-90	Central Massachusetts	(508) 835-2550	GPP	119.99	312.11	55.38	144.05	Both	Yes	Yes	No
Harvard Community Health Plan	68	1	2	73-21	Eastern and Western Massachusetts	(617) 739-6161	GPP	166.64	451.77	76.91	208.51	Both	Yes	Yes	No
Health New England	DJ	1	2	73-437	Hampden & Hampshire Cos.	(413) 787-4000	IPP	150.28	332.11	69.36	153.28	Both	No	Yes	No
HMO IPA Network	KH	1	2	73-194	Portions of CT & MA	(413) 499-4009	IPP	144.82	379.02	66.84	174.93	Both	No	Yes	No
Kaiser Massachusetts	K1	1	2	73-86	Parts of Western Massachusetts	(413) 256-0151	GPP	153.25	397.13	70.73	155.60	Both	Yes	Yes	No
Lahey Clinic-BCBS HMO	JX	1	2	73-106	Gtr Burlington area, Massachusetts	(617) 956-3556	GPP	151.32	411.08	69.84	189.73	Both	No	Yes	No
Matthew Thornton	NX	1	2	73-76	Northern Massachusetts	1-800-544-8333	GPP	129.26	356.33	59.66	164.46	Both	No	Yes	No
Medical East CHP	JT	1	2	73-112	Eastern Massachusetts	(617) 849-1111	GPP	155.00	409.20	71.54	188.86	Both	No	Yes	No
Medical West CHP	JZ	1	2	73-97	Springfield area	(413) 594-3111	GPP	145.04	326.04	66.94	150.48	Both	No	Yes	No
Pilgrim Health Care	JU	1	2	73-139	Eastern Massachusetts	(617) 871-3950	IPP	168.70	472.44	77.86	218.05	Both	Yes	Yes	No
RIGHA (High)	70	1	2	73-23	Southeastern Massachusetts	(401) 421-4410	GPP	204.47	500.11	94.37	230.82	Both	Yes	Yes	No
RIGHA (Stnd)	70	4	5	73-23	Southeastern Massachusetts	(401) 421-4410	GPP	156.39	376.09	72.18	173.58	Both	Yes	Yes	No
Tufts Associated Health Plan	K2	1	2	73-134	Eastern and Central Massachusetts	(617) 466-1000	IPP	171.82	481.07	79.30	222.03	Both	No	Yes	No
U.S. Healthcare-Massachusetts	NE	1	2	73-526	Boston Metropolitan area	1-800-537-9384	IPP	143.22	377.67	66.10	174.31	Both	Yes	Yes	No
Michigan															
Blue Care Network Great Lakes	G7	1	2	73-272	Northern Michigan	(616) 941-7823	IPP	161.46	410.24	74.52	189.34	Both	No	Yes	No
Blue Care Network Great Lakes	KF	1	2	73-272	Battle Creek, Kalamazoo	(616) 965-2442	IPP	145.25	399.36	67.04	184.32	Both	No	Yes	No
Blue Care Network Great Lakes	KR	1	2	73-272	Grand Rapids & Muskegon	(616) 957-5057	IPP	120.86	347.79	55.78	160.52	Both	No	Yes	No
Blue Care Network Health Central	LN	1	2	73-154	Lansing area	(517) 322-8022	MMP	118.84	374.36	54.85	172.78	Both	No	Yes	No
Blue Care Network of East MI/Flint	KN	1	2	73-88	Greater Flint area	(313) 733-9500	MMP	141.44	424.30	65.28	195.83	Both	No	Yes	No
Blue Care Network of East MI/Saginaw	K5	1	2	73-88	Saginaw Bay area	(517) 791-3222	MMP	131.30	327.97	60.60	151.37	Both	No	Yes	No
Blue Care Network of SE Michigan	LX	1	2	73-153	Southeastern Michigan	(800) 662-6667	MMP	109.61	365.00	50.59	168.46	Both	No	Yes	No
Care Choices/Ann Arbor	KZ	1	2	73-444	Ann Arbor area	1-800-852-9780	IPP	140.70	365.52	64.94	168.70	Both	No	Yes	No
Care Choices/Gr Rapids & Muskegon	BA	1	2	73-444	Grand Rapids/Muskegon areas	(616) 957-1100	IPP	122.83	333.00	56.69	153.69	Both	No	Yes	No
Care Choices/Lansing	FE	1	2	73-444	Lansing area	1-800-642-0119	IPP	128.42	344.96	59.27	159.21	Both	No	Yes	No
Comprehensive Health Services, Inc.	K3	1	2	73-75	Southeastern Michigan	(313) 875-WELL	MMP	100.60	251.55	46.43	116.10	Both	No	Yes	Yes
Health Alliance Plan of Michigan	52	1	2	73-15	Southeastern Michigan	(313) 872-8100	MMP	125.04	325.09	57.71	150.04	HHC	No	Yes	No
M-Care	EG	1	2	73-445	Southeastern Michigan	(313) 747-8700	MMP	135.35	340.51	62.47	157.16	Both	No	Yes	No
Medical Value Plan	EV	1	2	73-473	Monroe and Lenawee Counties	(419) 244-2902	MMP	142.16	383.85	65.61	177.16	Both	No	Yes	No
OmniCare Health Plan	KA	1	2	73-62	Southeastern Michigan	(313) 873-2813	MMP	130.72	318.22	60.33	146.87	Both	No	Yes	No
SelectCare MedExtend	K6	1	2	73-69	Greater Detroit area	(313) 680-1100	MMP	121.05	314.77	55.87	145.28	Both	No	Yes	No

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GPP — Group Practice Plan
HHC — Home Health Care
IPP — Individual Practice Plan
MMP — Mixed Model Plan

FEHB Plan Comparison Chart - For Benefits Beginning in January 1990

Prepaid Plans (Commonly referred to as CMP/HMOs)

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- Every CMP/HMO provides physicals and immunizations.
- All CMP/HMO benefit packages include catastrophic coverage, since these plans provide for necessary care during a year.
- Every CMP/HMO provides benefits for mental conditions/substance abuse inpatient and outpatient services. However, benefits are limited to short-term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental conditions/substance abuse benefits information, you can find the information in the plan brochures.
- Most CMP/HMOs provide hospice care benefits.

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Michigan (cont.)															
Total Health Care	N2	1	2	73-534	Detroit Metro area	(313) 871-2000	GPP	130.30	323.53	60.14	149.32	Both	No	Yes	Yes
Minnesota															
Group Health (High)	53	1	2	73-9	Minneapolis & St. Paul	(612) 623-8400	GPP	101.42	292.35	46.81	134.93	Both	Yes	Yes	No
Group Health (Stnd)	53	4	5	73-9	Minneapolis & St. Paul	(612) 623-8400	GPP	75.55	217.75	34.87	100.50	Both	No	Yes	No
Physicians Health Plan of Minnesota	M1	1	2	73-169	Minneapolis & St. Paul areas	(612) 936-1821	IPP	128.35	348.57	59.24	160.88	Both	Yes	Yes	No
Share Health Plan of Minnesota	11	1	2	73-30	Minneapolis & St. Paul	(612) 936-6000	MMP	102.09	287.54	47.12	132.71	Both	Yes	Yes	No
Missouri															
BlueChoice	M4	1	2	73-516	St. Louis area	(800) 634-4395	IPP	117.80	315.03	54.37	145.40	Both	Yes	Yes	No
EQUICOR Kansas/Kansas City	HJ	1	2	73-175	Kansas City area	(913) 451-2020	MMP	156.37	431.64	72.17	199.22	Both	No	Yes	No
Group Health Plan St. Louis (High)	MM	1	2	73-104	St. Louis area	(314) 993-5955	GPP	125.41	332.30	57.88	153.37	Both	Yes	Yes	No
Group Health Plan St. Louis (Stnd)	MM	4	5	73-104	St. Louis area	(314) 993-5955	GPP	106.17	281.32	49.00	129.84	Both	Yes	Yes	No
Kaiser Kansas City	HA	1	2	73-128	Kansas City area	(913) 384-9090	GPP	110.37	286.98	50.94	132.45	Both	No	Yes	No
MetLife HCN of St. Louis	12	1	2	73-32	St. Louis area	(314) 469-3300	MMP	156.52	353.99	72.24	163.38	Both	Yes	Yes	No
PARTNERS Health Plan	RN	1	2	73-541	St. Louis/St. Charles/Franklin	1-800-338-4123	IPP	120.12	333.10	55.44	153.74	Both	No	Yes	No
Prime Health of Missouri (High)	MS	1	2	73-54	Kansas City area	(913) 722-5000	GPP	135.22	362.46	62.41	167.29	Both	No	Yes	No
Prime Health of Missouri (Stnd)	MS	4	5	73-54	Kansas City area	(913) 722-5000	GPP	113.27	306.87	52.28	141.63	Both	No	Yes	No
Principal Health Care of Kansas City	N3	1	2	73-275	Kansas City area	(816) 941-3071	IPP	116.42	310.92	53.73	143.50	Both	No	Yes	No
SANUS Health Plan-St. Louis	H8	1	2	73-345	St. Louis Metro area	(314) 434-6114	IPP	136.89	314.84	63.18	145.31	Both	Yes	Yes	No
Total Health Care	LZ	1	2	73-142	Kansas City area	(816) 561-2777	IPP	149.89	409.20	69.18	188.86	Both	No	Yes	No
Nebraska															
Care Choices	FA	1	2	73-444	Dakota/Dixon/Thurston Cos.	1-712-252-6556	IPP	122.07	328.42	56.34	151.58	Both	No	Yes	No
Principal Health Care of Nebraska	GU	1	2	73-453	Omaha and Lincoln areas	(402) 333-1720	MMP	116.46	304.96	53.75	140.75	Both	Yes	Yes	Yes
Share Health Plan of Nebraska	NF	1	2	73-265	Omaha area	(402) 345-5500	IPP	130.37	306.41	60.17	141.42	Both	Yes	Yes	No
Nevada															
Health Plan of Nevada	NM	1	2	73-129	Las Vegas area	(702) 646-8350	MMP	127.73	300.11	58.95	138.51	Both	Yes	Yes	Yes
New Hampshire															
Harvard Community	68	1	2	73-21	Southern New Hampshire	(617) 733-6161	GPP	166.64	451.77	76.91	208.51	Both	Yes	Yes	No
Healthsource New Hampshire	J2	1	2	73-312	New Hampshire	(800) 531-3121	IPP	149.52	414.70	69.01	191.40	Both	No	Yes	No
Kaiser Massachusetts	K1	1	2	73-86	Southwestern New Hampshire	(413) 256-0151	GPP	153.25	337.13	70.73	155.60	Both	Yes	Yes	No
Matthew Thornton	NX	1	2	73-76	South Central New Hampshire	1-800-544-8333	GPP	129.26	356.33	59.66	164.46	Both	No	Yes	No

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1993 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
New Hampshire (cont.)															
Medical East CHP	JT	1	2	73-112	Southeast New Hampshire Towns	(508) 683-9177	GPP	155.00	409.20	71.54	188.86	Both	No	Yes	No
U.S. Healthcare-Massachusetts	NE	1	2	73-526	Salem, New Hampshire area	1-800-537-9384	IPP	143.22	377.67	66.10	174.31	Both	Yes	Yes	No
New Jersey															
CoMED HMO	P4	1	2	73-87	All of New Jersey	(201) 361-8808	IPP	129.65	352.26	59.84	162.58	Both	Yes	Yes	No
GHI Health Plan	80	1	2	73-7	Northern New Jersey	(201) 623-6000	IPP	122.22	337.83	56.41	155.92	HHC	Yes	Yes	Yes
Greater Atlantic Health Service	27	1	2	73-40	Camden/Burl/Glou Cos.	(215) 823-8610	GPP	110.11	288.41	50.82	133.11	Both	No	Yes	No
Healthways	PC	1	2	73-127	All of New Jersey	(800) 223-0812	IPP	161.05	436.50	74.33	201.46	Both	No	Yes	No
HIP of New Jersey	P9	1	2	73-84	Northern & Southern New Jersey	(609) 654-9424	GPP	129.20	347.90	59.63	160.57	Both	Yes	Yes	No
Medigroup HMO	E4	1	2	73-393	All of New Jersey	(201) 272-7775	MMP	133.06	363.29	61.41	167.67	Both	No	Yes	Yes
OMNICARE/the hmo	PR	1	2	73-252	Southern New Jersey	(609) 696-8004	MMP	125.86	302.12	58.09	139.44	Both	No	Yes	No
Oxford Health Plans/New Jersey	GD	1	2	73-466	Northern New Jersey	(800) 444-6222	IPP	121.75	350.52	56.19	161.78	Both	Yes	Yes	No
Premier Health Plan	49	1	2	73-545	Philadelphia Suburbs	(215) 238-9880	MMP	119.02	304.33	54.93	140.46	Both	Yes	Yes	Yes
PruCare New Jersey	PB	1	2	73-73	All of New Jersey	(800) 422-7399	IPP	145.58	444.56	67.19	205.18	Both	No	Yes	No
Rutgers Community Health Plan	PA	1	2	73-57	Central & Northern New Jersey	(201) 560-9898	GPP	131.26	326.65	60.56	150.76	Both	Yes	Yes	No
Sanus New York/New Jersey	HK	1	2	73-468	New York/New Jersey Metro area	(800) 338-8113	IPP	108.79	293.82	50.21	135.61	Both	Yes	Yes	No
US Healthcare/HMO NJ (High)	P3	1	2	73-116	Most of New Jersey	1-800-537-9384	IPP	141.40	373.23	65.26	172.26	Both	Yes	Yes	No
US Healthcare/HMO NJ (Stnd)	P3	4	5	73-116	Most of New Jersey	1-800-537-9384	IPP	119.34	317.57	55.08	146.57	Both	Yes	Yes	No
US Healthcare/HMO PA (High)	SU	1	2	73-52	South New Jersey	1-800-537-9384	IPP	126.73	346.30	58.49	159.83	Both	Yes	Yes	No
US Healthcare/HMO PA (Stnd)	SU	4	5	73-52	South New Jersey	1-800-537-9384	IPP	102.79	285.29	47.44	131.67	Both	Yes	Yes	No
New Mexico															
FHP/New Mexico	P2	1	2	73-18	Albuquerque area	(505) 881-7900	IPP	113.56	293.58	52.41	135.50	Both	Yes	Yes	No
Lovelace Health Plan	Q1	1	2	73-79	Albuquerque/Santa Fe	(505) 262-7363	MMP	103.76	269.82	47.89	124.53	Both	No	Yes	Yes
Qual-Med New Mexico	PX	1	2	73-251	Greater Albuquerque/Santa Fe areas	(505) 889-8800	IPP	134.33	349.33	62.00	161.23	Both	Yes	Yes	Yes
New York															
Blue Choice of New York	MK	1	2	73-510	Rochester area	(716) 454-4810	IPP	99.56	255.13	45.95	117.75	Both	No	Yes	No
BlueCare Plus	AH	1	2	73-460	Gtr Utica/Rome & So Tier areas	(315) 798-4399	IPP	146.36	366.10	67.55	168.97	Both	No	Yes	No
Capital District Physicians HP	SG	1	2	73-549	Capital District area	(518) 452-1941	IPP	125.97	338.46	58.14	156.21	Both	No	Yes	No
ChoiceCare	J6	1	2	73-294	Queens/Nassau/Suffolk Counties	(516) 222-1460	IPP	113.73	299.20	52.49	138.09	Both	No	Yes	No
Community Blue	J7	1	2	73-298	Western New York	(716) 884-2800	IPP	118.80	316.29	54.83	145.98	Both	No	Yes	No
Community Health Plan	PW	1	2	73-53	Capital Area/Central N.E. NY	(518) 783-1864	MMP	125.86	329.77	58.09	152.20	Both	No	Yes	No
Empire BC/BS HEALTHNET/Cap/AD	S1	1	2	73-33	Catskills/NE NY Adirondacks	(800) 356-0086	MMP	107.92	283.42	49.81	130.81	Both	No	Yes	No
Empire BC/BS HEALTHNET/Subrb	S7	1	2	73-33	Suburban/Metro	(800) 356-0086	MMP	130.69	334.10	60.32	154.20	Both	No	Yes	No
Empire BC/BS HLTHNET/Cap/MHu	S2	1	2	73-33	Capitol Dist./Mid-Hudson	(800) 356-0086	MMP	118.50	307.47	54.69	141.91	Both	No	Yes	No
Empire BC/BS HLTHNET/Manhattan	15	1	2	73-33	Manhattan	(800) 356-0086	MMP	130.28	333.69	60.13	154.01	Both	No	Yes	No
Foundation Health Plan	CE	1	2	73-461	Southern Tier	(607) 754-3380	IPP	151.52	383.31	69.93	176.91	Both	No	Yes	No

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	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
New York (cont.)															
GHI Health Plan	80	1	2	73-7	New York State	(212) 760-6425	IPP	122.22	337.83	56.41	155.92	HHC	Yes	Yes	Yes
Group Health of New York	21	1	2	73-35	Rochester area	(716) 325-3630	GPP	105.67	268.41	48.77	123.88	Both	No	Yes	Yes
Health Care Plan	Q8	1	2	73-71	Buffalo area	(716) 847-1480	GPP	93.49	248.93	43.15	114.89	Both	No	Yes	No
HealthShield	QB	1	2	73-136	Dutchess/Ornge/Ulster/Putnam Cos.	(914) 471-2368	GPP	140.47	369.07	64.83	170.34	Both	No	Yes	No
Healthways	PC	1	2	73-127	Metropolitan New York	(800) 223-0812	IPP	161.05	436.50	74.33	201.46	Both	No	Yes	No
HIP of New York	51	1	2	73-1	Greater New York area	1-800-HIP-TALK	GPP	115.16	318.46	53.15	146.98	Both	No	Yes	No
Independent Health Association	C1	1	2	73-103	Hudson Valley	1-800-654-5494	IPP	138.69	367.32	64.01	169.53	Both	No	Yes	No
Independent Health Association	QA	1	2	73-103	Western New York	(716) 631-5392	IPP	96.68	270.62	44.62	124.90	Both	No	Yes	No
Independent Prepaid Health Plan	EB	1	2	73-462	Central New York area	(315) 638-4900	IPP	160.40	409.09	74.03	188.81	Both	No	Yes	No
Kaiser New York	QH	1	2	73-55	Westchester County	(914) 682-0025	GPP	127.53	312.48	58.86	144.22	Both	Yes	Yes	No
Mid-Hudson Health Plan	F4	1	2	73-464	Hudson Valley area	(914) 338-0202	IPP	104.93	273.09	48.43	126.04	Both	No	Yes	No
Mohawk Valley Health Plan	GA	1	2	73-465	Eastern Region	(518) 370-4793	IPP	146.60	374.73	67.66	172.95	Both	No	Yes	No
Mohawk Valley Health Plan	M9	1	2	73-465	Central and Northern Region	(800) 777-4793	IPP	110.54	282.58	51.02	130.42	Both	No	Yes	No
Mohawk Valley Health Plan	MX	1	2	73-465	Mid-Hudson Region	(914) 473-1762	IPP	145.84	372.75	67.31	172.04	Both	No	Yes	No
Oxford Health Plans/New York	GC	1	2	73-466	Metropolitan New York	(800) 444-6222	IPP	131.58	372.04	60.73	171.71	Both	Yes	Yes	No
Physicians Health Services/NY	PD	1	2	73-531	Westchester County	(800) 732-5357	IPP	138.93	363.83	64.12	167.92	Both	No	Yes	No
Preferred Care	GV	1	2	73-467	Rochester area	(716) 325-3113	IPP	107.71	275.36	49.71	127.09	Both	No	Yes	No
Prepaid Health Plan	QE	1	2	73-98	Syracuse area	(315) 638-2133	GPP	122.63	318.98	56.60	147.22	Both	Yes	Yes	No
Sanus New York/New Jersey	HK	1	2	73-468	New York/New Jersey Metro area	(718) 899-3600	IPP	108.79	293.82	50.21	135.61	Both	Yes	Yes	No
TOTAL HEALTH	HU	1	2	73-469	Metropolitan New York	(516) 466-1000	IPP	108.57	295.97	50.11	136.60	Both	No	Yes	No
US Healthcare-New York	JC	1	2	73-365	Metropolitan New York	1-800-537-9384	IPP	122.29	319.28	56.44	147.36	Both	Yes	Yes	No
North Carolina															
Kaiser North Carolina	QT	1	2	73-240	Triangle area/Charlotte	(800) 221-5047	GPP	117.74	303.05	54.34	139.87	Both	No	Yes	No
Maxicare North Carolina	Q5	1	2	73-227	Charlotte area	(800) 822-0012	IPP	127.94	338.24	59.05	156.11	Both	No	Yes	Yes
PruCare of Charlotte	Q4	1	2	73-340	Portions of North Carolina	(704) 365-6070	GPP	95.05	266.11	43.87	122.82	Both	No	Yes	No
North Dakota															
Heart of America HMO	RU	1	2	73-543	Northcentral North Dakota	(701) 776-5848	GPP	96.50	250.42	44.54	115.58	Both	No	Yes	Yes
Ohio															
AdvaCare	MB	1	2	73-505	Southeastern Ohio	(614) 446-5281	GPP	141.96	354.92	65.52	163.81	Both	No	Yes	Yes
CIGNA Ohio	AT	1	2	73-471	Central Ohio	(800) 541-7526	IPP	147.72	361.96	68.18	167.06	Both	No	Yes	No

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-practor
Ohio (cont.)															
Community Health Plan	SM	1	2	73-53	Southwestern Ohio	(800) 854-4006	MMP	144.37	378.41	66.63	174.65	Both	No	Yes	No
Health Guard	MA	1	2	73-504	Portions of Ohio	(614) 676-4623	MMP	105.39	272.72	48.64	125.87	Both	No	Yes	No
Health One	R4	1	2	73-99	Columbus area	(614) 451-1551	GPP	123.24	308.08	56.88	142.19	Both	No	Yes	Yes
HealthOhio, Inc.	RF	1	2	73-56	Marion area	(614) 387-6355	IPP	104.15	281.58	48.07	129.96	Both	Yes	Yes	No
HHP/Licking Memorial	MG	1	2	73-508	Licking County/Newark	(614) 366-0533	IPP	120.60	321.27	55.66	148.28	Both	No	Yes	Yes
HMO Health Ohio	L4	1	2	73-157	Northern Ohio area	(800) 634-0977	MMP	119.67	304.55	55.23	140.56	Both	Yes	Yes	No
HMP/OHIO	R5	1	2	73-31	Portions of Ohio	1-800-342-5467	MMP	138.45	356.40	63.90	164.49	Both	Yes	Yes	No
Hospital Choice Health Plan	DW	1	2	73-472	Central Ohio	(614) 888-2223	IPP	145.12	402.55	66.98	185.79	Both	No	Yes	No
Kaiser Ohio/Akron	CS	1	2	73-17	Akron area	(216) 621-5600	GPP	110.98	266.44	51.22	122.97	Both	No	Yes	No
Kaiser Ohio/Cleveland	64	1	2	73-17	Cleveland area	(216) 621-5600	GPP	123.57	316.44	57.03	146.05	Both	No	Yes	No
Lincoln National Health Plan	R8	1	2	73-254	Cincinnati/Dayton areas	(513) 772-7325	MMP	131.87	337.74	60.63	155.88	Both	Yes	Yes	Yes
MagnaCare Health Plan	RE	1	2	73-537	Greater Cincinnati area	(513) 961-4300	MMP	116.94	327.88	53.97	151.33	Both	No	Yes	Yes
Medical Value Plan	EV	1	2	73-473	Greater Toledo area	(419) 244-2402	MMP	142.16	383.85	65.61	177.16	Both	No	Yes	No
Partners Health Plan of Northern OH	RD	1	2	73-273	Northern Ohio	(216) 486-8979	IPP	143.24	368.68	66.11	170.16	Both	No	Yes	No
PruCare-Central Ohio	AY	1	2	73-339	Columbus area	(614) 431-5601	GPP	120.51	323.85	55.62	149.47	Both	No	Yes	No
Western Ohio Health Care Plan	RH	1	2	73-539	Dayton/Springfield area	(513) 439-8903	IPP	146.71	339.65	67.71	156.76	Both	Yes	Yes	No
Oklahoma															
BlueLincs HMO-Oklahoma City	N5	1	2	73-267	Oklahoma City area	(405) 841-9777	IPP	116.63	326.43	54.75	150.66	Both	No	Yes	Yes
BlueLincs HMO-Tulsa	RX	1	2	73-267	Greater Tulsa area	(918) 561-9933	IPP	166.51	404.65	76.85	186.76	Both	No	Yes	Yes
EQUICOR Oklahoma City	RT	1	2	73-216	Oklahoma City area	(405) 943-7711	MMP	124.45	332.69	57.44	153.55	Both	No	Yes	No
PacifiCare	PE	1	2	73-530	Oklahoma City area	(405) 525-9000	GPP	115.59	307.75	53.35	142.04	Both	Yes	Yes	No
PacifiCare of Oklahoma	N1	1	2	73-396	Tulsa area	(918) 496-8181	GPP	119.38	320.54	55.10	147.94	Both	Yes	Yes	No
PruCare of Oklahoma City	RR	1	2	73-108	Oklahoma City area	(405) 942-2200	GPP	140.16	380.32	64.69	175.53	Both	No	Yes	Yes
PruCare of Tulsa	RS	1	2	73-118	Tulsa area	(918) 621-4733	GPP	138.95	375.12	64.13	173.13	Both	No	Yes	Yes
Oregon															
Kaiser Northwest (High)	57	1	2	73-4	Portland/Salem	(503) 721-2000	GPP	128.79	333.67	59.44	154.00	Both	Yes	Yes	No
Kaiser Northwest (Stnd)	57	4	5	73-4	Portland/Salem	(503) 721-2000	GPP	105.45	256.25	48.67	118.27	Both	No	Yes	No
PacifiCare of Oregon	SS	1	2	73-362	Portland/Salem/Corvallis	(503) 620-9324	GPP	99.73	263.86	46.03	121.78	Both	No	Yes	No
Qual-Med Oregon Health Plan, Inc.	AF	1	2	73-327	Portland area	(503) 222-5217	IPP	140.36	367.68	64.78	169.70	Both	No	Yes	No
Selectcare	SD	1	2	73-83	Eugene/Springfield/Corvallis/Albany	(503) 485-1850	IPP	125.73	334.49	58.03	154.38	Both	No	Yes	No
Pennsylvania															
Central Medical Health Plan	24	1	2	73-42	Pittsburgh area	(412) 471-6877	MMP	115.96	313.19	53.52	144.55	Both	Yes	Yes	No
Delaware Valley HMO	SN	1	2	73-65	Southeastern Pennsylvania	(215) 358-5454	IPP	115.48	299.54	53.30	138.25	Both	Yes	Yes	No
Foundation Health Plan	CE	1	2	73-461	NY Southern Tier	(607) 754-3380	IPP	151.52	383.31	69.93	176.91	Both	No	Yes	No
Free State Health Plan	LD	1	2	73-146	Portions of Southern PA	(301) 964-8168	MMP	135.72	373.27	62.64	172.28	Both	Yes	Yes	No

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GPP — Group Practice Plan MMP — Mixed Model Plan
HHC — Home Health Care

FEHB Plan Comparison Chart - For Benefits Beginning in January 1990

Prepaid Plans (Commonly referred to as CMP/HMOs)

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- Most CMP/HMOs provide hospice care benefits.

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Pennsylvania (cont.)															
Freedom Health Care	KJ	1	2	73-478	Philadelphia and Reading area	(800) 822-0505	MMP	116.11	308.36	53.59	142.32	Both	No	Yes	Yes
Geisinger Health Plan	N9	1	2	73-303	Central, Northeast Pennsylvania	(800) GHP-4000	MMP	82.36	262.93	38.01	121.35	Both	No	Yes	No
Greater Atlantic Health Service	27	1	2	73-40	Southeast Pennsylvania	(215) 823-8610	GPP	110.11	288.41	50.82	133.11	Both	No	Yes	No
HealthAmerica Pennsylvania	26	1	2	73-255	Pittsburgh area	(412) 553-7300	MMP	105.84	289.71	48.85	133.71	Both	Yes	Yes	Yes
HealthAmerica Pennsylvania	SW	1	2	73-255	Central Pennsylvania	(717) 763-9313	MMP	98.93	268.06	45.66	123.72	Both	Yes	Yes	Yes
HealthGuard of Lancaster	NQ	1	2	73-311	Lancaster County	(717) 560-9049	IPP	96.33	248.26	44.46	114.58	Both	No	Yes	No
Healthways	PC	1	2	73-127	Lower Bucks County	(800) 223-0812	IPP	161.05	436.50	74.33	201.46	Both	No	Yes	No
HMO Northeastern Pennsylvania	C8	1	2	73-480	Northeastern Pennsylvania	(800) 822-8753	IPP	103.22	260.39	47.64	120.18	Both	Yes	Yes	No
Independent Health/PA	D8	1	2	73-481	Erie County	(814) 453-5090	IPP	108.49	319.91	50.07	147.65	Both	No	Yes	No
Keystone Health Plan Central	S4	1	2	73-241	Harrisburg area	1-800-622-2843	IPP	98.32	246.63	45.38	113.83	Both	No	Yes	No
Keystone Health Plan Central	ST	1	2	73-241	Lehigh Valley area	1-800-622-2843	IPP	101.96	273.59	47.06	126.27	Both	No	Yes	No
Keystone Health Plan East	ED	1	2	73-483	Greater Philadelphia area	(215) 668-3080	IPP	97.54	253.11	45.02	116.82	Both	Yes	Yes	Yes
Keystone Health Plan West	EF	1	2	73-484	Pittsburgh area	(412) 937-4330	IPP	103.61	290.16	47.82	133.92	Both	No	Yes	No
Medigroup HMO	E4	1	2	73-393	Portion of Lower Bucks County	(609) 259-5965	MMP	133.06	363.29	61.41	167.67	Both	No	Yes	Yes
Partners Health Plan	GL	1	2	73-485	Five County/Philadelphia area	1-800-876-5000	IPP	112.52	302.32	51.93	139.53	Both	Yes	Yes	No
Premier Health Plan	49	1	2	73-545	Portions of Philadelphia	(215) 238-9880	MMP	119.02	304.33	54.93	140.46	Both	Yes	Yes	Yes
Riverside Health Plan	HG	1	2	73-487	Beaver Valley area in Western PA	(412) 775-4404	IPP	112.26	296.92	51.81	137.04	Both	No	Yes	No
Silver Spring Health Plan	NW	1	2	73-366	South Central Pennsylvania	1-800-247-8452	IPP	110.35	276.03	50.93	127.40	Both	No	Yes	Yes
US Healthcare/HMO NJ (High)	P3	1	2	73-116	Southeastern Pennsylvania	1-800-537-9384	IPP	141.40	373.23	65.26	172.26	Both	Yes	Yes	No
US Healthcare/HMO NJ (Stnd)	P3	4	5	73-116	Southeastern Pennsylvania	1-800-537-9384	IPP	119.34	317.57	55.08	146.57	Both	Yes	Yes	No
US Healthcare/HMO PA (High)	SU	1	2	73-52	Southeastern/Southwestern PA	1-800-537-9384	IPP	126.73	346.30	58.49	159.83	Both	Yes	Yes	No
US Healthcare/HMO PA (Stnd)	SU	4	5	73-52	Southeastern/Southwestern PA	1-800-537-9384	IPP	102.79	285.29	47.44	131.67	Both	Yes	Yes	No
US Healthcare/HMO PA (Pitt.) (High)	KL	1	2	73-52	Pittsburgh area	1-800-537-9384	IPP	123.11	338.82	56.82	156.38	Both	Yes	Yes	No
US Healthcare/HMO PA (Pitt.) (Stnd)	KL	4	5	73-52	Pittsburgh area	1-800-537-9384	IPP	103.72	285.35	47.87	131.70	Both	Yes	Yes	No
Vista Health Plan	H2	1	2	73-488	Southeast PA & Philadelphia	(215) 277-4800	IPP	100.69	278.18	46.47	128.39	Both	Yes	Yes	No
Puerto Rico															
Health Plus of Puerto Rico	ME	1	2	73-507	Puerto Rico	(809) 782-7900	IPP	83.07	202.24	38.34	93.34	Both	No	Yes	No
SSS Plan	89	1	2	73-16	Puerto Rico	(809) 749-4777	IPP	89.14	197.97	41.14	91.37	Both	Yes	Yes	No
Rhode Island															
Harvard Community	68	1	2	73-21	Northern Rhode Island	(617) 739-6161	GPP	166.64	451.77	76.91	208.51	Both	Yes	Yes	No

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-practor
Rhode Island (cont.)															
HMO Rhode Island	DA	1	2	73-489	Rhode Island	(401) 274-6674	IPP	124.97	301.58	57.68	139.19	Both	No	Yes	No
RIGHA (High)	70	1	2	73-23	Rhode Island	(401) 421-4410	GPP	204.47	500.11	94.37	230.82	Both	Yes	Yes	No
RIGHA (Stnd)	70	4	5	73-23	Rhode Island	(401) 421-4410	GPP	156.39	376.09	72.18	173.58	Both	Yes	Yes	No
South Carolina															
Companion Health Care	SE	1	2	73-548	Midlands of South Carolina	1-800-868-2528	IPP	104.61	282.47	48.28	130.37	Both	Yes	Yes	No
Healthsource South Carolina	M3	1	2	73-536	Charleston area	(803) 723-5520	IPP	138.10	347.43	63.74	160.35	Both	No	Yes	No
Maxicare North Carolina	05	1	2	73-227	Portions of South Carolina	(800) 822-0012	IPP	127.94	338.24	59.05	156.11	Both	No	Yes	Yes
Maxicare South Carolina	TA	1	2	73-180	Columbia/Greenville/Spartanburg	(803) 233-7437	MMP	149.11	357.24	68.82	164.88	Both	No	Yes	No
PruCare-Charlotte	04	1	2	73-340	York County	(704) 365-6070	GPP	95.05	266.11	43.87	122.82	Both	Yes	Yes	No
Tennessee															
EQUICOR Tennessee	SZ	1	2	73-356	Nashville and Memphis areas	(615) 373-9363	IPP	158.32	401.40	73.07	185.26	Both	No	Yes	No
PruCare of Memphis	UB	1	2	73-122	Shelby County	(901) 766-7903	GPP	110.52	329.36	51.01	152.01	Both	No	Yes	Yes
PruCare of Nashville	UA	1	2	73-92	Nashville area	(615) 248-7100	GPP	145.25	331.18	67.04	152.85	Both	No	Yes	Yes
Tennessee First	HT	1	2	73-491	Knoxville area	(615) 546-2529	IPP	111.15	338.13	51.30	156.06	Both	No	Yes	No
Texas															
CIGNA Healthplan of Texas-Dallas	UG	1	2	73-119	Dallas/Ft. Worth area	(214) 869-2480	MMP	141.16	393.45	65.15	181.59	Both	Yes	Yes	No
CIGNA Healthplan Texas/Houston	UH	1	2	73-124	Houston area	(713) 552-7600	MMP	154.31	432.06	71.22	199.41	Both	No	Yes	No
Coastal Bend Health Plan	T5	1	2	73-299	Corpus Christi area	(512) 887-0101	IPP	138.97	423.26	64.14	195.35	Both	No	Yes	No
EQUICOR Houston	V1	1	2	73-271	Houston area	(713) 623-0244	IPP	156.91	439.33	72.42	202.79	Both	Yes	Yes	No
FIRSTCARE	CK	1	2	73-496	Potter/Rndll/Crsn/Armstrng Cos.	(806) 358-5155	IPP	154.03	337.37	71.09	155.71	Both	No	Yes	No
Harris Methodist Health Plan	SC	1	2	73-547	Ft. Worth/Dallas Metroplex	(817) 878-5860	IPP	155.57	341.73	71.80	157.72	Both	No	Yes	No
Humana Care Plan	UR	1	2	73-70	San Antonio area	(512) 558-1009	MMP	114.99	295.49	53.07	136.38	Both	Yes	Yes	No
Humana of Corpus Christi	TX	1	2	73-237	Corpus Christi area	(512) 854-8955	IPP	108.70	327.41	50.17	151.11	Both	No	Yes	No
Humana of San Antonio	TZ	1	2	73-236	San Antonio area	(512) 558-1009	IPP	126.77	372.71	58.51	172.02	Both	No	Yes	No
Kaiser Texas	UK	1	2	73-63	Dallas/Ft. Worth area	(214) 980 5980	GPP	125.23	328.55	57.80	151.64	Both	No	Yes	No
PacifiCare of Texas	GF	1	2	73-498	San Antonio area	(512) 641-9800	MMP	116.98	327.54	53.99	151.17	Both	Yes	Yes	No
PacifiCare of Texas	SL	1	2	73-498	Austin area	(512) 459-1638	MMP	123.50	345.82	57.00	159.61	Both	Yes	Yes	No
PruCare Austin	UN	1	2	73-91	Austin area	(512) 465-6661	GPP	141.53	381.79	65.32	176.21	Both	No	Yes	Yes
PruCare Houston	UP	1	2	73-48	Houston Metro area	(713) 993-3801	GPP	135.74	393.45	62.65	181.59	Both	Yes	Yes	Yes
PruCare of North Texas	G9	1	2	73-499	Dallas/Ft. Worth area	(214) 369-8480	IPP	162.59	415.59	75.04	191.81	Both	No	Yes	No
SANUS (Dallas/Ft. Worth)	V2	1	2	73-264	Dallas/Ft. Worth Metroplex	(214) 929-0376	IPP	122.35	307.82	56.47	142.07	Both	No	Yes	No
SANUS New York Life	UM	1	2	73-120	Greater Houston area	(713) 993-9520	MMP	147.94	384.65	68.28	177.53	Both	No	Yes	No
Scott & White Health Plan	UF	1	2	73-102	Bryn/Clge Sta/Temple/Kileen/Waco	(817) 774-4000	GPP	144.63	374.92	66.75	173.04	Both	No	Yes	No
Texas Health Plans, Inc.	TW	1	2	73-198	Austin/Waco/Temple/Bryan/College Sta	1-800-234-7912	IPP	138.52	382.74	63.93	176.65	Both	No	Yes	No

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Utah															
FHP/Utah	KU	1	2	73-18	Ogden/Salt Lake area	(801) 355-1234	GPP	129.76	375.18	59.89	173.16	Both	Yes	Yes	No
Vermont															
Community Health Plan	PW	1	2	73-53	Parts of Vermont	(802) 864-0693	MMP	125.86	329.77	58.09	152.20	Both	No	Yes	No
Harvard Community Plan	68	1	2	73-21	Southern Vermont	(617) 739-6161	GPP	166.64	451.77	76.91	208.51	Both	Yes	Yes	No
Kaiser Massachusetts	K1	1	2	73-86	Southeastern Vermont	(413) 256-0151	GPP	153.25	337.13	70.73	155.60	Both	Yes	Yes	No
Virginia															
CapitalCare	E6	1	2	73-196	Northern Virginia	(703) 761-5589	IPP	168.96	417.73	77.98	192.80	Both	Yes	Yes	No
EQUICOR Virginia/Central VA	W3	1	2	73-270	Central Virginia	(804) 273-1150	IPP	128.66	344.37	59.38	158.94	Both	Yes	Yes	Yes
EQUICOR Virginia/Southeastern VA	W2	1	2	73-270	Southeastern Virginia	(804) 498-1555	IPP	131.63	352.30	60.75	162.60	Both	Yes	Yes	Yes
George Washington Univ HP (High)	E5	1	2	73-46	Washington, D.C. area	(202) 676-4103	MMP	145.49	349.81	67.15	161.45	Both	Yes	Yes	No
George Washington Univ HP (Stnd)	E5	4	5	73-46	Washington, D.C. area	(202) 676-4103	MMP	118.93	284.31	54.89	131.22	Both	Yes	Yes	No
Group Health Association (High)	50	1	2	73-8	Northern Virginia	(202) 966-4357	GPP	158.19	370.13	73.01	170.83	Both	Yes	Yes	No
Group Health Association (Stnd)	50	4	5	73-8	Northern Virginia	(202) 966-4357	GPP	101.40	258.57	46.80	119.34	Both	Yes	Yes	No
Healthplus (High)	JN	1	2	73-67	D.C. Metro area	(301) 277-6520	IPP	132.15	302.47	60.99	139.60	Both	Yes	Yes	No
Healthplus (Stnd)	JN	4	5	73-67	D.C. Metro area	(301) 277-6520	IPP	101.21	231.29	46.71	106.75	Both	Yes	Yes	No
HMO Virginia/Hampton Roads	V7	1	2	73-235	Hampton Roads area	(800) 421-1880	MMP	122.27	338.50	56.43	156.23	Both	No	Yes	No
HMO Virginia/Richmond	X8	1	2	73-235	Richmond area	(804) 358-7390	MMP	117.30	321.14	54.14	148.22	Both	No	Yes	No
Kaiser/Mid-Atlantic	E3	1	2	73-47	Washington, D.C. area	(202) 364-3400	GPP	123.70	316.72	57.09	146.18	Both	Yes	Yes	No
Lincoln National Health Plan	DS	1	2	73-442	Northern Virginia	(800) 432-2820	IPP	139.71	342.25	64.48	157.96	Both	Yes	Yes	No
M.D. IPA	JP	1	2	73-100	D.C. and Baltimore Metro areas	(301) 294-5100	IPP	102.98	290.92	47.53	134.27	Both	Yes	Yes	Yes
OPTIMA (High)	V9	1	2	73-253	Tidewater area	(804) 455-7410	IPP	166.03	363.61	76.63	167.82	Both	No	Yes	No
OPTIMA (Stnd)	V9	4	5	73-253	Tidewater area	(804) 455-7410	IPP	112.80	247.48	52.06	114.22	Both	No	Yes	No
Partners (High)	V8	1	2	73-250	Northern Virginia	1-800-537-5096	IPP	163.13	402.11	75.29	185.59	Both	Yes	Yes	No
Partners (Stnd)	V8	4	5	73-250	Northern Virginia	1-800-537-5096	IPP	145.38	353.84	67.10	163.31	Both	Yes	Yes	No
Physicians CareFirst	X9	1	2	73-331	D.C. Metro area	(703) 528-2273	IPP	162.33	389.59	74.92	179.81	Both	Yes	Yes	No
PruCare of Washington, D.C.	HD	1	2	73-413	Washington, D.C. area	1-800-333-1862	IPP	167.79	423.80	77.44	195.60	Both	No	Yes	Yes
PruCare Richmond	V6	1	2	73-132	Richmond area	(804) 323-0900	MMP	125.80	343.55	58.06	158.56	Both	No	Yes	Yes
Sentara Health Plan	V5	1	2	73-228	Peninsula/Southside Hampton Roads	(804) 466-8484	MMP	160.44	351.30	74.05	162.14	Both	Yes	Yes	No

Plan Name and Option	Enrollment Code			Brochure Number RI	General Location	Plan Telephone Number	Plan Type	1990 Total Monthly Premium		1990 Total Biweekly Premium		Other Benefit Features			
	Plan Code	Self Only	Self & Family					Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Rx Drugs	Chiro-prac-tor
Washington															
Foundation Health Plan	TM	1	2	73-287	Washington State/No. Idaho	(206) 889-3000	IPP	118.60	302.54	54.74	139.68	Both	No	Yes	No
Group Health Cooperative (High)	54	1	2	73-12	Puget Sound area	(206) 448-4140	MMP	146.32	351.20	67.53	162.09	HHC	Yes	Yes	No
Group Health Cooperative (Stnd)	54	4	5	73-12	Puget Sound area	(206) 448-4140	MMP	104.28	241.41	48.13	111.42	HHC	No	Yes	No
Group Health Northwest	VR	1	2	73-96	Spokane Tri Cities/Yakima	(509) 783-3484	MMP	119.67	304.11	55.23	140.36	Both	Yes	Yes	Yes
Kaiser Northwest (High)	57	1	2	73-4	Vancouver/Longview	(503) 721-2000	GPP	128.79	333.67	59.44	154.00	Both	Yes	Yes	No
Kaiser Northwest (Stnd)	57	4	5	73-4	Vancouver/Longview	(503) 721-2000	GPP	105.45	256.25	48.67	118.27	Both	No	Yes	No
Kitsap Physicians Service (High)	VT	1	2	73-51	Kitsap, Mason, Jefferson Cos.	1-800 552-7114	IPP	193.61	413.38	89.36	190.79	Both	No	Yes	No
Kitsap Physicians Service (Stnd)	VT	4	5	73-51	Kitsap, Mason, Jefferson Cos.	1-800 552-7114	IPP	114.81	245.20	52.99	113.17	Both	Yes	Yes	No
Pacific Health	WB	1	2	73-329	Gtr Seattle, incl. N & S King Co.	(206) 326-4645	MMP	83.27	245.57	38.43	113.34	Both	No	Yes	No
PacifiCare of Oregon	SS	1	2	73-362	Clark County	(503) 620-9324	GPP	99.73	263.86	46.03	121.78	Both	No	Yes	No
Qual-Med Oregon Health Plan, Inc.	AF	1	2	73-327	Clark County	(503) 222-5217	IPP	140.36	367.68	64.78	169.70	Both	No	Yes	No
Selectcare	SD	1	2	73-83	Cowlitz & Wahkiakum Counties	(206) 577-4419	IPP	125.73	334.49	58.03	154.38	Both	No	Yes	No
West Virginia															
AdvaCare	MB	1	2	73-505	Portions of Northwestern WV	(614) 446-5281	GPP	141.96	354.92	65.52	163.81	Both	No	Yes	Yes
Free State Health Plan	LD	1	2	73-146	Portions of Northeast WV	(301) 964-8168	MMP	135.72	373.27	62.64	172.28	Both	Yes	Yes	No
Health Guard	MA	1	2	73-504	Portions of West Virginia	(614) 676-4623	MMP	105.39	272.72	48.64	125.87	Both	No	Yes	No
Wisconsin															
Chicago HMO Ltd	FJ	1	2	73-199	Kenosha area	(312) 751-4460	MMP	111.04	322.01	51.25	148.62	Both	Yes	Yes	Yes
Compcare Health Services	69	1	2	73-22	Southeastern Wisconsin	1-800 242-7312	MMP	127.75	332.50	58.96	153.46	Both	Yes	Yes	Yes
DeanCare HMO	WD	1	2	73-189	South/Central Wisconsin	(608) 836-1400	GPP	119.43	322.40	55.12	148.80	Both	No	Yes	Yes
Family Health Plan	WH	1	2	73-81	Metropolitan Milwaukee area	(414) 786-3338	GPP	113.32	295.25	52.30	136.27	Both	Yes	Yes	Yes
Greater Marshfield Health Plan	WY	1	2	73-38	Greater Marshfield area	(800) 472-2363	MMP	214.00	474.22	98.77	218.87	Both	Yes	Yes	Yes
Group Health Coop/SC Wisconsin	WJ	1	2	73-61	Madison area	(608) 251-3356	GPP	106.17	283.38	49.00	130.79	Both	Yes	Yes	Yes
HMO Midwest	CV	1	2	73-454	West Central & Northwestern WI	(800) 535-4041	IPP	104.17	307.95	48.08	142.13	Both	No	Yes	Yes
HMO of Wisconsin	W4	1	2	73-317	Southern/Central Wisconsin	(800) 362-3308	IPP	128.79	341.29	59.44	157.52	Both	No	Yes	Yes
Maxicare Wisconsin	WG	1	2	73-179	Milwaukee area	(414) 271-6865	MMP	132.25	350.98	61.04	161.99	Both	Yes	Yes	Yes
Midelfort Health Plan, Inc.	W5	1	2	73-325	West/Central Wisconsin	(800) 472-5411	GPP	174.87	388.64	80.71	179.37	Both	No	Yes	Yes
Samaritan Health Plan	WK	1	2	73-172	Milwaukee area	(414) 277-9000	IPP	148.07	381.96	68.34	176.29	Both	Yes	Yes	Yes
Wisconsin Health Organization	X1	1	2	73-367	Southeastern Wisconsin	(414) 527-9950	IPP	117.30	305.00	54.14	140.77	Both	Yes	Yes	Yes

ABBREVIATIONS: ECF — Extended Care Facility IPP — Individual Practice Plan
GPP — Group Practice Plan MMP — Mixed Model Plan
HHC — Home Health Care

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